(Approved by U. S. ('ensus and American Public Health Association.)

fulness of various pursuits can be known. eupation is very important, so that the relative health worked on may form part of the second statement. Never return "Laborer," "Foreman." "Manager," "Dealadditional line is provided for the lafter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer tion applies to each and every person, irrespective of gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at-home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Ceal mine, etc. Womer," etc., without more precise specification as Day (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. nature of the business or industry, and therefore an Civil engineer, Stationary foremen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enwhatever, write None. tired 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oc For many occupations a single word or As examples: (a)

Exacement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonla");

> unqualified, is indefinite); Tuberculosis of lungs, meneonditions, such as "Asthenla." "Anaemia" ary), 10 ds. Never report mere symptoms or use of "Tumor" for malignant neoplasms); inges, peritonacam, etc., Carcinoma, Succoma, etc., of head of "contributory." as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, of diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weaknes: " etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shoek," "Dropsy," "Exhaustion." "Heart symptomatic), "Atrophy," "Collapse," "Coma," causing death), 29 ds.; Bronchopneumonia stated unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. Nomenclature of the American Medical Association.) ment of cause of death approved by Committee quences (e. g., sepsis, telanus) may be stated under the ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; Struck by railway State cause for which surgical operation was under-"Puerperal sopticuomia." Puerperal poritonitis," etc. vulsions," "Debility" ("Congenital," "Senile," etc.), Whooping cough; Chronic valvular heart disease; Poisoned by carbolic acid-probably suicide. train—accident; Revolver wound of head—homicide; . (name origh; "Cancer" is less definite; avoid F'01: VIOLENT DEATHS STATE MEANS OF INJURY Example: Measles (Recommendations on statefailure." "Huemor-Always qualify all The contributory Meastes; terminal (second-(disease (merely not be

In this certificate is 100ked over thoroughly and all questions answered in detail, it will prevent further correspondence. The data is essential and must be obtained before be confinite is permanently filed.

Exact statement of B.-Every Item of information should be carefully supplied. AGE should be stated EXAC should state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate. TH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN PLAINLY V. S. No. 1.

Z

I PLACE OF DEATH

		, Tr		12160	La)		IAKILAND OF DEATH
Coun	ity	, ,,,	WHALIN C	CRESHATELL		CERTIFICATE	OF DEATH
		5	1		MITS QP	Registration	Dist. No.
Villa	ge or City		Infan	x au	1 (n)	St;Ward)	[If death occurred to a hospital or institution, give its NAME instead of street and number.]
	<sup>2</sup> FU	LL NAME			7		•••••
	PERSO	NAL AND STATIS	TICAL PARTICO	LARS	ME	DICAL CERTIFICAT	E OF DEATH
3 SE	X'	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)		16 DATE OF DEA	(Mon	th) (Day) (Year)
6 DA	TE OF BIRT	w	- #	932	11-4	, 191 Ž, to M	,191
7 AG		(Mor		(Year)  If LESS than  1 dey hrs.  OR Chin.?	and that death	occurred on the date DEATH * was as fol	e stated above, at m.
(b	CCUPATION  1) Trade, protes  rticular kind of  1) General natur  siness, or esta	re of Industry		ent.		Constant (Oursto	Bull
Ap.	ich employed (	or employer)		000000000000000000000000000000000000000			
9 8	State or cour	ntry)	? .		Contributor: Secondary		n)
	10 NAME C	Buss !	lyling	2	(Signed)	Byland	, H. O.
PARENTS	11 BIRTHPI OF FATI (State	LACE HER or country)	nd			DISEASE CAUSING DEATH,	or, in deaths from VIOLENT nd (2) whether Accidental,
PARE	12 MAIDEN	THER Kale	i Sem	4	18 LENGTH OF RE	MICIDAL. SIDENCE (FOR HOSPITA	LS. INSTITUTIONS, TRANSIENTS,
14 T	13 BIRTHP OF MOT (State of	or country)	T OF MY KNOWL	EDGE	OR RECENT RES At placa of deathyrs. Where was disease con	ds. intracted,	the State,yrsmosds.
	(Informant)	73 Qy	lns		Former ar usual residenca		
15	(Address)	Leu	Wall		19 PLACE OF BUI	RIAL OR REMOVAL	DATE OF BURIAL  NOVY, 1977
Fil	ed Mar	7 . 1977	> Statty	REGISTRAR	20 UNDERTAKER	lone	ADDRESS
	1	If more blanks	are peeded address	State Registrer	16 W. Sarators St. I	Salto. Requesting V. S. N	0. 1.

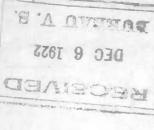
[Approved by U. S. Census and American Public Health
Association.]

write None. 6 yrs.). business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, wife, Housework, or At Home, and children, not gainfully Hausemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. precise specification as Day laborer, Furm laborer, Laborer mabile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton "Foreman," "Manager," "Dealer," etc., without more especially in industrial employments, it is necessary to is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the engineer, Stationary firemon, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupaof various pursuits can be known. The question is very important, so that the relative healthful-Compositor, For persons who have no occupation whatever, The material worked on may form part Architect, Never return "Laborer," Locomotive engineer, If retired from (b) Auto-Civil

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Branchapneumonia ("Pneumonia," menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and eonsequences (e. g., sepsis, tclanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uraemia," "Weakness," gental," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (mcrely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Corcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of when a definite disease can be ascertained as the Poisoned by carbolic acid-probably State cause for which Never report mere wound

If this certificate is looked over thoroughly and all quostions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



BINDING

FOR

RGIN RESERVED

WRITE

No. 1. vi

1

PLACE OF DEATH	STATE OF MARYLAND
County 12 9 12163	CERTIFICATE OF DEATH
12100	Registration Dist. No. Z. 3.
	Registration Dist. 140.
Village or City (No	St; Ward) (If death occurred in
	a Rospital or institu- tion, give its NAME in-
2 FULL NAME Purkney (selt	stend of street and number.)
Water	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
WIDOWED OR DIVORCED	(Nonth) (Pan) , 162.2
Write the word he see	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	12 May 2941
Tele 8 000	1922, to 1922,
(Month) (Day) (Year)	that I last saw h the alive on
7 AGE If LESS than	and that death occurred on the date stated above, at
i dayhrs.	The CAUSE OF DEATH % was as follows:
8 OCCUPATION (a) Trade, profession or	acut Scialica
particular kind of work	4
(b) General nature of industry	
business, or establishment in which employed or (employer).	(Duration)yrsmosds.
9 BIRTHPLACE	Secondary
(State or country)	
10 NAME OF	(Duration) yrs. mos. da
FATHER I MILES BOLL &	(Signed) M. D.
11 EIRTHPLACE	17.54 2 3 192 2 (Address) 27.10 1 St. war at
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
2 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Chlora Berry	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	lents, or Recent Residents)  At place In the
(State or country)	of death yrs. mos da. State,yrsmos oa.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) hus. Beef-	Former or usual residence
(Informant)	19 NACE OF BURIAL OR REMOVAL TAKE OF BURIAL
(Address) forestalls Ind.	Carle a del
15 0 100 0	(1) ho, 19
Filed My 29 1929 Samy & Corp Ised	20 UNDERGREER MPPRESS AL CAL
Registrar	The act of the stand to se
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, or given up on account of the misease causing Death, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc. without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, (a) Foreman, (b) Automobile factory. Civil engineer, Stationary fremen, etc. But tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative healthreport specifically the occupations of persons en-Statement of Occupation-Precise statement of oc For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation As examples: (a) The material

Statement of Cause of Death—Name, first, the discrete causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pueumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

ment of eause of death approved by Nomenclature of the American Medical Association.) head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia ean be ascertained as the cause. Always qualify all "Uraemia," "Weeknes:" etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Hacmorvulsions," symptomatic), "Atrophy," "Collapse," "Coma," stated unless important. Example: Measles (disease "PUERPERAL scp: leucala." "PUERPERAL peritonitis," etc. use of "Tumor" for malignant neoplasms); Meastes; inges, peritonacum, etc., Carcinoma, Surcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, etc. The contributory Whooping cough; ..... (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; (R commendations on state-"Anaemia" Committee (second-(merely

If this certificate is 10 ked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



No.

oi

1

60

Z

	PLACE OF DEATH	
C	ounty Teorge 19164	
	12104	
Vill	age or City Rosary velle(No.	
	S+.00 8 -	
	2 FULL NAME DULL VIII	
Special Control	PERSONAL AND STATISTICAL PARTICULARS	_
3 8	EX 4 COLOR OR RACE 5 SINGLE, MARKIED,	16
fr	emale white of Divorced (Write the word) male	17
Ø D	ATE OF BIRTH	17
	200 22 022	• •
	(Month) (Day) (Year)	th
7 AC	III LESS than	an
	I dayhrs.	T
8 0	ccupation	
(.	a) Trade, profession or articular kind of work	****
	b) General nature of industry	
O b	usiness, or establishment in hich employed or (employer)	• • •
_	IRTHPLACE (State or country)	
	10 NAME OF CARLOS OF BATHER	(Si
ENTS	11 BIRTHPLACE OF FACHER (State of country)	2
PARE	12 MAIDEN NAME V	18
	(State or country)	At
14 7		Wi f n
		Fo
	(Address) Rosaryville 3nd	19
15	morat Erest Way	20
-	Filed 1922 Ormer Registrar	0

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

ADDRESS

	St.;	Ward)	(If death occurred in hospital or institution, give its NAME in stead of street an number.)	-
MED	ICAL CERTI	FICATE C	F DEATH	
16 DATE OF DE	TII 2	)		
•••••	1 0/	000	(Day) , 14.2 2	
17 I HEREB	Y CERTIFY.		(Day) (Year	
	192		, 192	
that I last saw h	alive on		, 192.	
and that death oc	curred on the	date stated	above, at	m
The CAUSE OF DE	EATH & was at	follows:		
Sti	ill bi	m		
Contributory Secondary		ration)	.yrsnos	la.
	(Du	ration)(	yrsmos	ds.
(Signed) OM	real A	Dawer	rner M	D.
J. J. D. J	2.2. (Address).		course, aspa.	
*State the Violent Causes Accidental, Sui	. state (1) Mea	us of Iniu	or, in deaths from ry; and (2) whether	
18 LENGTH OF 1 lents, or Recent		For Hospit	als, Institutions, Tran	9-
At place of death yrs	. mosda.	In the State.	yrsmos	la.
Where was disease coif not at place of death	ntracted,			
Former or usual residence				_
19 PLACE OF BUI	RIAL OR REM	OVAL	DATE OF BURIAL	



### REVISED UNITED ERTIFICATE OF DEATH STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a on at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deallaborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Plantor, tion applies to each and every person, irrespective fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation -- Precise statement of oc-Foreman, (b) Automobile factory. For many occupations a single word or term on without more precise specification as Day The material

Lobar pneumonia, Bronchopneumonia ("Pneumonia," Typhoid fever (never report "Typhoid pneumonia" spinal meningitis"); Diphtheria (avoid use of "Croup" ed term for the same disease. Examples: Cerebrospindi to time and causation), using always the same accep-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis (the only definite synonym is "Epidemie corchip-

> Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conseand qualify as accidental, suicidal, or homicidal, or Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"Puerperal septicaemic." "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:" etc., when a definite disease rhage." "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion," "Heart failure," "Haemorvulsions." symptomatic), "Atrophy," "Collapse," "Coma," conditions, ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Meastes; Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvulur heart disease; ...... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be FOR VICIENT DEATHS State MEANS OF INJURY "Debility" such as "Asthenia," ("('ongenital," "Schile," etc.), (Recommendations on state-Example: Measles (disease "Anaemia" The na-(second-(merely ลร

tions answered in detail, it was pre-ence) All the data is essential and the certificate is permanently filed. If this certificate is looked over thoroughly and all quesphiswered in detail, it will prevent further correspond. Ill the data is essential and must be obtained before

Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT BINDING × FOR WITH UNFADING INK-THIS IS RESERVED MAR PLAINL

00

Z

V. 98

1 PLACE OF DEATH	STATE OF MARYLAND
County Pr. Geo	CERTIFICATE OF DEATH
12163	Registration Dist. No. 234
Village or City Iscatawaep (No.	St.; Ward) [It death occurred in
	give its NAME instead
2 FULL NAME James Bras	ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Color or RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH  AU, LS, 19h2  (Month) (Day) (Year)
6 DATE OF BIRTH	17   HEREBY CERTIFY, That I attended deceased from
Och. 14 1923	Il abello, 1911 Mrs. allem danc 1191,
(Month) (Day) (Year)	that I last saw h alive on, 191 ,
7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at m.
yrs	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or	
particular kied of work  (b) General nature of Industry	
business, or establishment in	(Buretlen) yrs. mes. de.
which employed (or employer)	Contributory Secondary
(State or country) Many Canel	
10 NAME OF FATHER	Person Houselish) yrs. mos de.
(mach la) (3) men)	(Signod) Mille Online Ally
OF FATHER  (State or country)  12 MAIDEN NAME  OF FATHER  (State or country)	*State the DISEASE CAUSING DRATH, or, in deaths from VIOLENT
C 12 MAIDEN NAME	*State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
a OF MOTHER Lucy Braurass	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place in the
(State or country) manyland	of doathyrsmesds. State,yremesds. Where was disease confracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not all place of death?
(Informant) many Gramman	Former or ueual rosidenco
(Address) anacostici DE	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Procedurace Dec. 1982h
Flod Nov. &9, 19Ph Rena Hunt	20 UNDERTAKER ADDRESS
REGISTRAN	Joseph Vracones Unaco Wa N.O.
If more blanks are needed, address State Registrar, 1	A.W. Sapatoga St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseis provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton write None. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Housemaid, etc. taken to report specifically the occupations of persons the duties of the household only (not paid Housekeepers mobile factory. business or industry, and therefore an additional line engineer, Stotionary firemon, etc. But in many cases, know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Former or Plonter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Coal mine, etc. the second statement. very important, so that the relative healthful-For persons who have no occupation whatever The material worked on may form part If the occupation has been changed Women at home, who are engaged in Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, lelanus) may be stated suicide. The nature of the injury, as fracture of skull Struck by roitway train—accident; Revolver wound head—homicide; Poisoned by carbolic acid—probal to determine definitely. Examples: Accidental drowning. state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL perilonilis," etc. State cause for which cough; Chronic valvular heort disease; Chronic interstitial BUICIDAL, or HOMICIDAL, or as probably such, if impossible birth or miscarriage as "PUERPERAL septichaemia," etc., when a definite disease can be ascertuined as the mus," "Old Age," "Shoek," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), lapse," "Coma," "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. nephrilis, etc. ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-(merely symptomatic), "Auver-The contributory (secondary or intereur by carbolic acid-probably "Dropsy," Never report mere "Atrophy," "Exhaustion," ("Con-

If this certificate is looked over thoroughly and all quentions all the data it exential and must be obtained before the certificate is permanently filed.



STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. XACTET CIZEBILITIES (If death occurred in a hospital or institu-tion, give its NAME instead of street and number.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE! SINGLE. MARRIED, WIDOWED OR DIVORCED (Day) (Write the word) I HEREBY CERTIFY, That I attended the deceased (Month) (Day) and that death occurred on the date 7 AGE If LESS than The CAUSE OF DEATH & was as follows: 8 OCCUPATION (a) Trade, profession or particular kind of work..... plair UNFADING (b) General nature of industry business, or establishment in (Duration) ..... yrs.... which employed or (employer)..... Contributory. 9 BIRTHPLACE Secondary (State or country) 10 NAME OF RENTS (Address) ... OAUSE II BIRTHPLACE \*State the Disease Causing Death, or, in deaths from OF FATHER (State or country) Violent Causes, state (1) Means of Injury; and (2) whether Accidentai, Suicidal or Homleidal. 12 MAIDEN NAME 0 state C 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-Sieuts, or Recent Residents) 13 BIRTHPLACE At place of reath .... yrs. ....mos. .....da. In the OF MOTHER State, ..... yrs. .... mos. ... of o (State or country) Where was disease contracted, if not at place of death?.... sho Former or ". usual residence ADDRESS Registrar If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

BINDING

RESERVED

ARGIN

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus: Farmer (re state occupation at beginning of illness. If retired from or given up on account of the disease causing death gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons en-Housemaid, etc. If the occupation has been changed ployed, as At school or At home. Care should be taken definite salary), may be entered as Housevelfe, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman." "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; laborer, Farm laborer, Laborer-Ceal mine, etc. Womworked on may form part of the second statement (a) Foreman, (b) Automobile factory. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotice engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parsuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc For many occupations a single word or term on or At Home, yrs.). For persons who have no occupation and children, not gainfully em-The material 13ut in many

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (aveid use of "Croup"); Typhoid fever (never report "Typhoid pneumenia"); Lobar pnyunonia, Bronchopneumonia ("Pneumonia,"

Nomenclature of the American Medical Association.) quences ture of as probably such, if impossible to determine definitely and qualify as Accidental, suicidal, or homicidal, or rhage," "Inanition." "Marasmus," "Old Age," "Shock," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report more symptoms or terminal Poisoned by carbolic acid-probably suicide. The natrain—accident; Revolver wound of Examples: Accidental drowning; Struck by railway "Puerperal septicaemia." "Puerperal peritonitis." diseases resuiting from whilebirth of miscarriage as ean be ascertained and the "Uraemia," "Weaknes:" etc., when a definite disease "Dropsy," "Exhaustion." "Heart vulsions," symptomatic), "Atrophy," "Collapse," causing death), 29 ds.; Bronchopneumonia. stated unless important. Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); (secondary or intercurrent) affection need not be ...... (name-orlgin; "Cancer" is less definite; avoid inges, peritonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cause for which surgical operation was under-FOR VIOLENT DUATHS STATE MEANS OF INJURY (e. g., sepsis, tetanus) may be stated under the the injury, as fracture of skull, and consecause of death approved by Committee "contributory." "Debility" cough; Chronic valvular heart disease; ("Congenital," "Semile," etc.), (Recommendations on state Carcinoma, Sarcoma, etc., of Example: Measles cause. failure." Always qualify all The contributory head-homicide; "Соша, .. Ilaemor-Meusles; (disease (merely (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--

V. S.

Vill	PLACE OF DEATH County of Grand 12167  lage or City M. Painier (No. 3  2 FULL NAME John Francis /	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 2 4 6  St.; Ward)  St.; Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
8 5 6 m	Male Hhete Single, Markied, Wildowell OR DIVORCED (Write the word)  March 29, 1876.	16 DATE OF DEATH  Movember 25  (Month) (Day) (Year)  17 Of HEREBY CERTIFY, That I attended the deceased from 25  1822, to Mov. 25, 1923  that I last sew h MM, alive on MAN, 25, 193, 2
7 A	(Month) (Day) (Year)	and that death occurred on the date stated above, at 11 40 Am.
8 (d) (l) (l) b	CCUPATION a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in thich employed or (employer)	The CAUSE OF DEATH & was as follows:  The CAUSE OF DEATH & was as foll
9 13	(State or country)	Secondary
PARENTS	10 NAME OF FATHER Letter O. Butler  11 BIRTHPLACE OF FATHER (State or country) Crush Galagy Atland  12 MAIDEN NAME OF MOTHER Mary C. Slower  13 BIRTHPLACE OF MOTHER (State or country) C. Slower  (State or country) C. Slower  14 State or country) C. Slower  15 BIRTHPLACE OF MOTHER	(Signed)
14 T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
15	(Informant) Man Klis C. Reiler  (Address) / 402 13 St. NE Hack S.,  100 2 7 1922  1924 Chlistof Megistrar	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL  OF asking flow I le Mor 27, 19 3  20 UNDERTAKER ADDRESS und de Sladenshing

If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Sorvant, Cook, ployed, as At school or At home. Care should be taken er," etc., business, that fact may be indicated thus: Farmer or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the (a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation Precise statement of oc For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day The ques-

the cur bisend bisend with respect the same acceptonly definite synonym is "Epidemic cerebropunal meningltis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wannd of head-homicide; as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF symptomatie), "Atrophy," "Collapse," "Coma," ary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. The na-Examples: taken. For violent pratify state means of injury State cause for which surgical operation was under-"Puerpenal seplicaemic." "Puerpenal peritonitis," diseases resulting from childbirth or misearriage as ean be ascertained as the cause. "Uraemia," "Weaknes." etc., when a definite disease rhage." "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion." "Heart failure," "Haemorvulsions," causing death). 29 ds.; Bronchopneumonia stated unless important. Chronic interstitint nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; ...... (name origin; "Cancer" is less definite; avoid "Debility" Accidental drowning; Struck by railway Chronic valvular heart discase; ("Congenital," "Senile," etc.), (Recommendations on state-Example: Mcasics Always qualify all (second-(disease

ence. All the data is essential and must be obtained before tions answered in detail, it will prevent further correspond-'If this certificate is looked over thoroughly and all ques-

the certificate is permanently filed

Village or City Delivers (No. St. Ward)  PERSONAL AND STATISTICAL PARTICULARS  J SEX  4 COLOR OR RACE S SINGLE, Widowskill or Market in Manufact and Namber in Market in Manufact in Market in		PLACE OF DEATH. 1916	STATE OF MARYLAND
Village or City Parliance (No. St.: Ward)  PERSONAL AND STATISTICAL PARTICULARS  SEX  4 COLOR OR RACE S SINGLE: Wildow By Wildow ED WINDOW ED WIND		1. Prince Teagl	CERTIFICATE OF DEATH
Village or City Delivers (No. St.; Ward) (If death occurred in a hospital or institution, rice its NAME in a hospital or institution in with employed or institution in which employed or (employer)  9 OCCUPATION (Wonth) (Day) (Year)  14 THE ABOVE IS TRUE TO THE INST OF MY KNOWCEDOE (Informant) (State or country) M d  15 INTERPLACE (State or country) M d  16 DATE OF DEATH A was as follows:  17 Contributory Necedary (State or country) M d  18 DATE OF DEATH A was as follows:  19 PATHER (State or country) M d  10 NAME OF MOTHER (State or country) M d  11 DESTRIBUTION (Proceedings) (State or country) M d  12 MAINTENPLACE (State or country) M d  13 LENGTH OF RESIDENCE (For Heaphals, Institutions, Translessis, or Recent Residents)  14 THE ABOVE IS TRUE TO THE INST OF MY KNOWCEDOE (Informant) (Address) (Informant) (Address) (Informant) (Address) (Informant) (Address) (Informant) (Address) (Informant) (	1	ounty	Registration Dist. No. 246
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE   5 SINGLE, MARKIND, 20 MIDOWED OR DIVORCED OR DIVO		Brandstonnel	
PERSONAL AND STATISTICAL PARTICULARS  SEX  4 COLOR OR RACE   SINGLE MARKED WIDOWED OR DYVORCED (Write the word)  6 DATE OF BIRTH  Cet   Marked Word   Grant	Vil	lage or City (No	a hospithi or institu-
SEX 4 COLOR OR RACE   5 SINGLE MADDED OR DEVORCED (World the word)  E DATE OF BIRTH  Oct   Manual Or Depth (Write the word)  TAGE   If LESS than it all last saw h   152		2 FULL NAME Worrald Morge	en Clearte tion, give its NAME in- stead of street and number.)
MARINED WIDOWED OR DIVORCED OR DIVORCED OR DIVORCED (Waite the world)  (YOR)  TAGE  (Month)  (Day)  (YOR)  (Month)  (Day)  (YOR)  (Address)  (Month)  (Day)  (YOR)  (YOR)  (Address)  (Month)  (Day)  (YOR)  (YOR)  (Address)  (Month)  (Day)  (YOR)  (YOR)  (Address)  (Month)  (YOR)  (Hat I last saw h m. alive on stated the deceased from the date stated obove, at me. the cluster of the date stated obove, at me. the cluster of the date stated obove, at me. the cluster of the date stated obove, at me. the cluster of the date stated obove, at me. the cluster of the date stated obove, at me. the cluster of the date stated obove, at me. the cluster of the date stated obove, at me. the cluster of the date stated obove, at me. the cluster of the date stated obove, at me. the cluster of the date stated obove, at me. the cluster of the date stated obove, at me. the cluster of the date stated obove, at me. the cluster of the date stated obove, at me. the cluster of the date of the cluster		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
(Month) (Day) (Year)  TAGE  (Month) (Day) (Year)  If LESS than I dayhrs.  S OCCUPATION  (a) Trade, profession or particular kind of work.  (b) General nature of industry business, or establishment in which employed or (employer)  S HIRTHPLACE (State or country)  MA  (Signed) (Duration) (Duration) (Duration) (Signed)  (Signed) (Sign	3 5	MARRIED, Single WIDOWED OR DIVORCED	(Month) (Day) (Year)
TAGE    If LESS than lay	6 D	at you	that I last saw has alive on the saw has a
If LESS than   dayhrs.   The CAUSE OF DEATH & was as follows:			and that death occurred on the date stated above, at 230 pm.
S OCCUPATION  (a) Trade, profession or particular kind of work.  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE (OF MOTHER  (Informant)  (Informant)  (Address)  (Informant)  (Address)  (Address)  (Informant)  (Address)  (Address)  (Informant)  (Address)  (Informant)  (Address)  (Informant)  (Address)  (Informant)  (Inform	7 A	If LESS than	
S OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  (State or country)  M. D.  (Contributory Necondary  (State or country)  M. D.  (Signed)  (Duration)  (Address)  (Duration)  (Duration)  (Address)  (Duration)  (Dur			
particular kind of work.  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHIPLACE (State or country)  10 NAME OF FATHER (Locat, B Colarks)  11 BIRTHIPLACE OF FATHER (State or country)  12 MAIDEN NAME OF FATHER (State or country)  13 BIRTHIPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWCEDGE (Informant)  (Address)		CCUPATION	Llev-Colilis
(b) General nature of industry business, or catablishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  OF FATHER  (State or country)  11 BIRTHPLACE (State or country)  12 MAIDEN NAME  OF MOTHER  OF MOTHER  (Informant)  (Informant)  (Address)  (Address)  (Address)  (Address)  (Informant)  (Address)  (Informant)  (Address)  (Informant)  (Informa	Op	a) I rade, profession or articular kind of work	
which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER Clear, B Colarks  11 BIRTHPLACE OF FATHER (State or country)  2 MAIDEN NAME OF FATHER OF MOTHER  13 BIRTHPLACE OF MOTHER OF MOTHER  (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWDEDGE  (Informant)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  Contributory Secondary  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Address)  (Signed)  (Signed	00	o) General nature of industry	,
Secondary    Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   Secondary   M			
(Signed)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWCEDGE  (Informant)  (Address)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Sign	9 B	(State or country)	Secondary
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  (Informant)  (Informant)  (Address)  Filed /1-4-22  192 for Mollind Many  Registrar  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents)  At place of death yrs. mos. da. State, yrs. mos. da.  Where was disease contracted, if not at place of death?  South of Burial OR REMOVAL South Mor. 4th 19.22  PLACE OF BURIAL OR REMOVAL Mor. 4th 19.22  15 Registrar  ADDRESS M. d.  Registrar			staring to alley
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  (Informant)  (Informant)  (Address)  Filed /1-4-22  192 for Mollind Many  Registrar  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents)  At place of death yrs. mos. da. State, yrs. mos. da.  Where was disease contracted, if not at place of death?  South of Burial OR REMOVAL South Mor. 4th 19.22  PLACE OF BURIAL OR REMOVAL Mor. 4th 19.22  15 Registrar  ADDRESS M. d.  Registrar	S	11 BIRTHPLACE	192. (Address) Carre
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  (Informant)  (Informant)  (Address)  Filed /1-4-22  192 for Mollind Many  Registrar  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents)  At place of death yrs. mos. da. State, yrs. mos. da.  Where was disease contracted, if not at place of death?  South of Burial OR REMOVAL South Mor. 4th 19.22  PLACE OF BURIAL OR REMOVAL Mor. 4th 19.22  15 Registrar  ADDRESS M. d.  Registrar	RENJ	(State or country)	Violent Causes, state (1) Means of Injury; and (2) whether
At place of death yis mos da State, yis mos de State, yis mos de State of death yis mos de State, yis mos de State of death yis mos de State, yis mos de Sta	<		
(Informant)  (Informant)  (Address)  (Addres		OF MOTHER	At place in the
(Informant) Algeria (Informant) West of BURIAL OR REMOVAL SATE OF BURIAL (Address) Bull Word William Bull work of Mor 4th 19.22  Filed /1-4-22 192 for Order of Marker of Jacobs Sour Bladewshy	14 7	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Address) Mullitate Mary Mor 4th, 19.22  Filed /1-4-22 192 file Phlendy Mr. 4th, 19.22  Registrar & Jacks Low Bladewster		(Informant) alfeet Blacks	
Filed /1-4-22 192 fil Phlendy med, 20 th Defraker four Bladeusby & Bladeusby		(Address) mentwood Mid.	19 PLACE OF BURIAL OR REMOVAL   DATE OF BURIAL
Registrar of Jacks Sous Bledensby	15	and the second	
A Court of all of the organisms	-	172/	014
II more blanks are needed, address State Registrar 18 W Sarators St Balto Requesting V C No. 1			of the state of

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, whatever, write Nonc. tired 6 yrs.). business, that fact may be indicated thus: Farmer (re-Housemaid, etc. gaged in domestic service for wages, as Screunt, Cook, to report specifically the occupations of persons cuployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques cupation is very important, so that the relative health-Statement of Occupation—Precise statement of oc-Foreman, (b) Automobile factory. The material 01. For many occupations a single word or term on Home, and children, not gainfully em-For persons who have no occupation If the occupation has been changed -Coal minc. etc. Wom-

Ease causing death—Name, first, the disease causing death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Tuphoid fever (never report "Typhoid pneumonia"); Lodar pneumonia, Bronchopneumonia ("Pneumonia")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident: Revolver around of head-homicide; and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railray as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury "Puerperal septicaemic." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal State cause for which surgical operation was under-"Uraemia," "Weaknes:" etc., when a definite disease rhage," "Inanition." "Narasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemor vulsions." causing stated unless important. Chronic interstitual nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valeular heart disease; death), 29 ds.; Bronchopneumonia "Debility" ("Congenital," "Senile," etc.) (Recommendations on state-Example: Measles (disease (merely (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence will the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH xact statement 113 Registration Dist. No. f if death occurred in .....Ward) a hospital or institution, give its NAME instead of street and number classified MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 6 SINGLE 16 DATE OF DEATH 3 SEX stated MARRIED. PERMANENT WIDOWED (Month) OR DIVORCED uld be sta properly prifficate. Write the word) 6 DATE OF BIRTH ould sho (Year) cel (Month) (Day) If LESS than and that death occurred on the date stated above, atof 7 AGE may 1 day, Ars. The CAUSE OF DEATH \* was as follows: back O OR min. ? that supplied. 8 OCCUPATION (a) Trade, profession, or particular kind of work instructions (b) General nature of industry terms, O business, or establishment in carefully which employed (or employer) 9 BIRTHPLACE Secondary (State or country) 2 65 20 10 NAME OF be 2 SATH I 11 BIRTHPLACE PARENT \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT OF FATHER (State or country) CAUBES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL. SUICIDAL OF HOMICIDAL of information CAUSE OF D 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS Very OR RECENT RESIDENTS) 13 BIRTHPLACE In the Al piacs OF MOTHER (State or country Stats, ..... yrs. yrs. \_\_\_\_\_ds. 10 Whers was diseass contracted, Should state CAL if not at place of death ?.... saual residence DATE OF BURIAL 15 2 REGISTRAR 2 If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

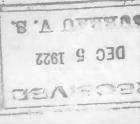
[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be mill; (a) Salesman, (b) Grocery; (a) Foreman, especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbusiness, that fact may be indicated thus: Farmer (retired taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the write None. or given up on account of the DISEASE CAUSING DEATH, -Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobur menumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deates birth or miscarriage as "Puenperal septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Anacmia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitid "Tumor" for malignant neoplasms); Measles; Whooping on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic "PUERPERAL peritonitis," etc. State cause for which cause. rent) affection need not be stated unless important. on Nomenclature of the American Medical Association.) MEANS OF INJURY and qualify as ACCIDENTAL, by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intereur-Never report mere "Atrophy," "Colacid-probably ("Con-

If this certificate is looked over thoroughly and all quescions of system in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently fied.



P. E.

	<sup>2</sup> FULL NAM
	PERSONAL AN
3 8	EX 4 COL
h	nk pl
6 D	ATE OF BIRTH
7 AC	3.15
8 0	CCUPATION
p (le b)	a) Trade, profession o articular kind of worl o) General nature of it usiness, or establishments, or (e) which employed or (e)
67 121	(State or country)
	10 NAME OF FATHER
ENTS	11 BIRTHPLACE OF FATHER (State or count
TA A B	12 MAIDEN NAME OF MOTHER
	13 BIRTHPLACE OF MOTRER (State or coun
11 2	HE ABOVE IS TRU
	(informant)
name.	(A-Idress)

4 1/7 /	-
121435	)

### STATE OF MARYLAND CERTIFICATE OF DEATH

PLACE OF DEATH 1214	35 STATE OF CERTIFICATE	
Village or City Pis Cataway	Registration St: Ward	If death occurred in a hospital or institu- ing, give its NAME in- tend of street and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL ERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month)  17 I HEREBY CERTIFY, That I a	(Day) , 102 2
6 DATE OF BIRTH  (Month) (Day), 1922  (Year)	that I last saw h alive on	, 192
7 AGE  If LESS than I dayhrs. yrsmosds.ormin, ?	The CAUSE OF DEATH At was as follows:	
8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer).	(Duration)	yrsde
9 BIRTHPLACE (State or country)	Secondary	yrs. inos. d
10 NAME OF FATHER WAY.	(Signed)	the Plage M. B
DE FATRER OF FATRER  (State or country)  MAIDEN SAME OF METHER  Description	*State the Disease Causing Death Violent Causes, state (1) Heans of In Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hos	jury: and (2) whether
13 BIRTHPLACE OF MOTHER (State or country)		te,yrmos da
HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	**************************************
(informant)	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
infune 18 1923 Rina Hutt	20 UNDERTAKER	ADDRESS

### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the bisease causing Death, whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from Housemaid, etc. If the occupation gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househonsehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman." "Manager." "Dealworked on may form part of the second statement (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fremen, etc. But Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Furmer or Plantor, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesenpation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on OI. especially in industrial employments, it is neces-At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-As examples: (a) hes been changed The material in many

Lobar pneumonia, Bronchopneumonia f"Phanmania." Typhoid ferer (never report "Typhoid pneumonia"): spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect waterment of Cause of Death-Name, first, the Disfever (the only definite synonym is "Epidemic cerebro-

> Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) mny be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weekness," etc., when a definite disease rhage," "Inauition." "Marasmus," "Old Age," "Shock," symptomatie), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; mges, peritonaeum, etc., Carcinoma, Sarcona, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway and qualify as accidental, suicidal, or momicidal, or taken. For State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," etc. "Dropsy," "Exhanstion," "Heart Vulsions." Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; ..... (mame origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), VIOLENT DEATHS State MEANS OF INJURY Never report mere symptoms or (Recommendations on state-Example: Meastes failure." "Haemor-"Coma," terminal (second-(disease (merely

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-

the certificate is permanently filed.



uld be carefully supplied DEATH in plain terms so

use of DEATK in plain to warefully use of DEATK in plain to work important.

Cla. 3 sho

2

(informant)

WRIT

supplied ACE should be stated EXACTLY, PHYSI-n terms so that it may be properly classified. Exact See instructions on back of certificate.

PLACE OF DEATH

12434

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. If death occurred in a hospital or institu-ion, give its NAME in-tend of street and amber.) .... Ward)

Vill	age or City Do Colaway (No
	2 FULL NAME . O Cole
	PERSONAL AND STATISTICAL PARTICULARS
3 8	A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
6 D.	(Month) (Day), 1905
7 AG	
(b)	CUPATION  Trade, profession or contributed in the c
	10 NAME OF ACTION OF CON
ENTS	H BIRTHPLACE OF FATHER (State or : omtry)
PAR	12 MAIDEN VANDO COMOTHER OF MOTHER OF
101.0	

ients, 6r Recent Residents) At place of death					
ients, er Recent Residents)  At place of death	State, yrs mos				
ients, 6r Recent Residents) At place of deathyrs. mos. da. Where was disease contracted, if not at place of death?	State, yrs mos				
ients, er Recent Residents) At place of deathyrs mos da.	In the State, yrs mos				
_ ients, er Recent Residents)					
18 LENGTH OF RESIDENCE (F	for Hospitals, Institutions, Tra				
*State the Disease Causin Violent Causes, state (1) Mean Accidental, Suicidal or Homici	ng Death, or, in deaths from ns of Injury: and (2) whether idal.				
192 (Address)					
(Signed) Rena					
Secondary	ration)yrsmos				
Contributory					
(Duy	ration)yrsmoe				
The CAUSE OF DEATH & was as follows:					
that I last saw halive on.					
	Month) (Day) (Yea				
	Mouth) (Day), 192 3				
30					
16 DATE OF DEATH					

(Approved by U. S. Census and American Public Health Association.)

Worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-'er," etc., without more pracise specification as Day Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; state occupation at beginning of illness. If retired from definite salary), may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a laborer. Farm laborer, Laborer-(a) Foreman, (b) Automobile factory. The material whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken en at home, who are engaged in the duties of the should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary piremen, etc. But Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At especially in industrial employments, it is neces-Home, and children, not gainfully em-For persons who have no occupation -Coal mine, etc. Wom-As examples: (a)

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebro spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pnenmenia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Polsoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or momicidal, or "Puerferal septicuemia." "Puerferal perilonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia." "Weakness," etc., when a definite disease rhage," "lnanition." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or eausing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitut nephritis, etc. The contributory use of "Tunior" for malignant neoplasms); Measles; niges, peritonacum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) State cause for which surgical operation was under-Whooping cough; Chronic valvular heart discuse; (secondary or intercurrent) affection need FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenitul," "Senile," etc.), Example: Measles (disease terminal (secondnot be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. WITH UNFADING INK-THIS IS A PERMANENT WRITE PLAINLY. Z

BINDING

FOR

REGERVED

V. S. No. 1.

county 1 20 12170	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
Village or City leffer machine De	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEXI 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH  When the Month (Day) (Year)	that I last saw h Malive on MM 3 , 1912 3
7 AGE    If LESS than 1 day, hrs. OR mid.?	and that death occurred on the date stated above, at 64 m. The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, prefession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	(Duration) yrs. mes. de.
9 BIRTHPLACE (State or GOUBSTY) Washington DC  10 NAME OF FATHER ISAAC Develle	Contributory Secondary  (Ourston)  (Steppe)  (Steppe)  (Steppe)  (Ourston)  (Associoned)  (Steppe)  (Steppe)
Un 11 BIRTHPLACE OF FATHER (State or country)  M 12 MAIDEN NAME /	*State the DISPANE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place is the effect of the state
(Informant) Elludy & Rollings	if not at place of death?  Former or assual residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL—
Fled Mr 8 19122 R Ernest Smith	20 JUNDERTAKER BONDERS BONDERS
= = -/	AW Santon St. Polite Providing V. S. N. 1

[Approved by U. S. Census and American Public Realth Association.]

applies to each and every person, irrespective of age. write None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, first line will be sufficient, c. g., Farmer or Planter, Physi-Housemaid, etc. engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman." "Manager," "Dealer" etc., without more business or industry, and therefore an additional line For many occupations a single word or term on the mobile factory. is provided for the latter statement; it should be used only when needed. know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, ness of various pursuits can be known. The question -Coal mine, etc. Wemen at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-(a) Salesman, (b) (irocery; (a) Foreman, (b) Auto-Compositor, Architect, For perrons who have no occupation whatever The material worked on may form part If the occupation has been changed As examples: (a) Spinner, (b) Cotton Never return "Laborer," Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease Examples: Cerebrospinal fever (the only definite synonyn is "Epidemic cerebrospinal meningin."); Diphtheria (avoid use of "Croup"); Typhad from the same france "Typhad pneumonia"); Lohar is a statement. Tuberculosis of lungs, meninginging the properties of lungs, meninginging the properties of lungs.

on statement of cause of death approved by Committee genital," under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, letanus) may be stated Struck by railway train—accident; Revolver wound to determine definitely. Examples: Acadental drowning. state MEANS OF INJURY and qualify as surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL persionities," etc. State cause for which "Heart failure," "Huemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Ursemia," "Weakness." head-homicide; SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia, eough; Chronic valvular heart disease; Chronic interstition ges, perilonasum, etc., Carcinoma, Sarcoma, etc., of. cause. "Annemia" (mercly symptomatic), chopneumonia (secondary), 10 ds. Never report mere Example: Meastes (disease causing death), 29 de.; Bronrent) affection need not be stated unless important "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of or miscarriage as "Puerreral sephchimia." Always qualify all diseases resulting from child-"Coma," The nature of the injury, as fracture of skull, "Senile," etc.), The contributory (secondary or intereur Poisoned by corbolic acid-probably "Convulsions," "Dropsy," "Debility" "Atrophy," "Exhaustion," ("Con-

if the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECORD PERMANENT 0 cla = DEATH ō OF Every It

œ

### STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 24 lif death occurred in St .: Ward) a hospital or institution, give its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 6 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, (Month) (Day ORDIVORCED (Write the word) (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. f day hrs. OR ..... ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER 0 11 BIRTHPLACE bac PARENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL, 12 MAIDEN NAME Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place · In the OF MOTHER (State or country) of death ..... yrs. .... mos. ... State ..... yrs. \_\_\_\_ mos. Where was disease contracted. See If not at place of death? Former or important. usual residence 15 22 UNDERTAKER ADDRESS REGISTRAR avmas If more blanks are needed, address State Registrar, 6 E. Franklin St., Batto., Reggesting V. S. No. 1.



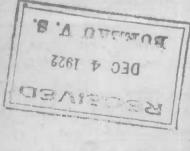
[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of ageness of various pursuits can be known. The question tlon is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. Civil engineer, Stationary fireman, etc. . But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is Indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carcin

ctc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Wcakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septiehae-"Heart failnre," "Haemorrhage," "Inaultion," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenciasepsis, Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as Bronehopneumonia (secondary), 10 ds. "Contributory." lnjury, as fracture of skull, and consequences (e. g., by earbolie acid-probably suicidc. dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vio-The contributory tetanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of (secondary or intercurrent) "Dropsy," "Exhaustion, The nature of the State cause for Never report

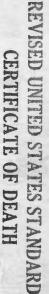
If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



1 PLACE OF DEATH

PLACE OF DEATH	STATE OF MARYLAND
County Since Tro W12172	CERTIFICATE OF DEATH Registration Dist. No. 739
Willege or City Laurel (No	St.; Ward)  [If death occurred to a hospital or institution give its NAME instead of street and number.]
2 FULL NAME William 12 mm rod	Clusia
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mole Color or RACE SINGLE, MARTIED, WIOGNED MANY 200 OR DIVORCED MANY 20	16 DATE OF DEATH  (Month)  (Day)  (Year
GOATE OF BIRTH	HEREBY CERTIFY, That I attended deceased from 1970, 19
(Month) (Day) (Year)	that I last saw handlive on 19, 1915
TAGE  If LESS than 1 dayhrs.  ORmin.?	and the death coosines on the date states above, ag-
(a) Trade, profession, or harm Expericular kind of work	China Installed Highester
(b) General nature of Industry business, or establishment in which emplayed (or employer)	(Buralion) 2 yrs. F mos. 7
9 BIRTHPLACE (State or country) Manual	Contributory
10 NAME OF ROLLING A. Ellioto	(Signod) Mafleund
11 BIRTHPLACE OF FATHER (State or country) Manyland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICTOPAL
a la Maiden Name OF MOTHER Evalys Trisher	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country)  MANUALLA  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrsmesds. State, yrsmes
(Informant) Sarah Elliott	Former or usual residence
(Address) Faurel Md	Nou Hill, Commelan hor 21, 192
FREN MOVE 1917 MARKETIN	20 UNDERTAKER 9 7 ADDRESS

STATE OF MARYLAND



[Approved by U. S. Census and American Public Realth Association.]

write None or given up on account of the DISEASE CAUSING DEATH, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illuess. taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully Housemaid, engaged in domestic service for wages, as Servant, Cook, who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day tuborer, Furm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, ouly when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful-Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever, et.c. The material worked on may form part If the occupation has been changed At home. Care should be Never Locomotive return If retired from engmeer, "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the OISPASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia of lungs, menin-unqualified. is indefinite); Tuberculosis of lungs, menin-

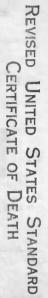
on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated suicide. head-homicide; Poisoned by carbolic SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deates birth or miscarriage as "PUERPERAL septichaemia,"
"PUERPERAL pertlonitis," etc. State cause for which etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," lapse," "Coma," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of... "Anaemia" (merely symptomatic), "Atrophy," rent) affection need not be stated unless important nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull, The contributory (secondary or intereur-"Convulsions," "Debility" acid-probably ACCIDENTAL,

itions answered in detail, it will prevent further correspondence. All the duta is essential and must be obtained before the certificate is permanently filed.

1/2

N. E

PLACE OF DEATH	STATE OF MARYLAND
P-40 6. 19172	CERTIFICATE OF DEATH
County (	Registration Dist. No. 243
Bornis hell	(iii)
Village or City (No.	St.; Ward) (If death occurred in a hospital or institu-
PA	tion, give its NAME in- stead of street and
2 FULL NAME ames Vouch	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Male Colored WIDDWED Married	(Month) (Day) (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended the decensed from
6 DATE OF BIRTH	Jane 20 1922, to hor, ) 1, 192 9,
Unleisun - 1857	that I last saw h im alive on Wor 6 , 192 A
(Month) (Day) (Year)	and that death occurred on the date stated above, at
If LESS than dayhrs.	The CAUSE OF DEATH & was as follows:
	A tip Aly // X
8 OCCUPATION	Chronic Lubration Mountis
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. 4 mos. 2 2 ds.
9 BIRTHPLACE	Contributory
(State or country)	(Duration)yrs
10 NAME OF ALL	(Signed) 9 6. han custin M.D.
riman 1. Cumay	lur. 11 1922 (Address) Bowie Mc.
11 BIRTHPLACE OF FATHER (State or country)  Yemmen	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
E 12 MAIDEN NAME OF MOTHER	Accidental, Suicidal or Homicidal.
0.	ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mosda. In the State,yrsmosda.
IN THE ABOVE IS TRUPTO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) when other	Former or usual essiden e
Brivil mel	19 PLACE OF BURIAL OR REMOVAL   DATE OF BURIAL
(Address)	assuring Church Boure Nov 13 1022
Filed How 13 1922 Nelson alyon ma	26 UNDERTAKER ADDRESS
riled	Mrs Frank Hord Hordword Me
Of more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered a: Housewife, Houseen at home, who are engaged in the dutics of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form-part-of-the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an tion applies to each and every person, irrespective of fulness of various pursuits can be known. whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer-(re-Housemuid, etc. If the occupation has been changed (a) Foreman, (b) Automobile factory. Civil engineer, Stationary fremen, etc. But in many Statement of Occupation-Precise statement of octo know (a) the kind of work and also (b) the For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day The material The ques-

EASE CAUSING DEATH (the primary affection with respect spinal meuingitis"); Diphtheria (avoid use of "Craup"); ed term for the same disease. Examples: Carebra to time and causatiou), using always the same Lobur pneumonia, Bronchopneumonia ("Pneumonia," Typhoid fever (never report "Typhoid pneumenta"); fever (the only definite synourm is "Epidemic entebro-Statement of Cause of Death-Name, first, the preounder accept-

> quences (e. g., sepsis, tetanus) may be stated under the diseases resulting from childbirth or misearriage as symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, menhead of "contributory." (Recommendations on stateture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under-"PUERPERAL septicaemie." "PUERPERAL peritonitis," can be ascertained and the cause. "Uraemia," "Weekm's :" rhage," "Inauition" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn." "Heart failure." "Haemorvulsions," "Debility" stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on Poisoned by carbolic acid-probably suicide. The na-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvulur heart .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY ("Congenital," "Senile," etc.), tc., Example: Meastes (disease when a definite disease Struck by railway Always qualify all "Coma," Measles; (seconddiscuse; "Con-

tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

the certificate is permanently filed.

G

1 PLACE OF DEATH STATE OF MARYLAND PHYSICIANS CERTIFICATE OF Registration Dist. No If death occurred in Ward) a hospital or institution, give Its NAME Instead EXACTLY of street and number. I RECORD PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX COLOR OR RACE 16 DATE OF DEATH cla PERMANENT MARRIED OR DWORSES (Write the word) properly tificate. (Month) HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH pino (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above Lil 1 day, hrs. O The CAUSE OF DEATH \* was as follows: min. ? ds. that (a) Trade, profession, or 20 Supplied Suo particular kind of work So (b) General nature of lodustry instruct business, or establishment in UNFADING term (Durotion) carefully which employed (or employer Contributory SIRTHPLACE (State or country) 0 0 ain pe 2 FATHER (Signad) Should EATH in important. 11 AIRTHPLACE RENTS State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether Accidental. of information 12 MAIDEN NAME STICIOAL OF HOMICIDAL OE, MOTHER b. 4 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, 0 CAUSE 13 BIRTHPLACE At place to the OF MOTHER WRITE State or country Every item of instance of should state CAI Where was disease contracted 14 THE ABOVE IS TRUE If not at place of death? Former or (Informant) usual rosidenco 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1062 15 20 UNDERTAKER ADDRESS 8 REGISTRAR ż all more blanks are oceded, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

DNIONI

FOR

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, write None. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Plunder, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, ser, Stationary fireman, etc. But in many For persons who have no occupation whatever, The material worked on may form part But in many cases, (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Phythoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "Auaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"PUERPERAL peritonitis," etc. ete., when a definite disease can be ascertained as the genital," "Senile," etc.), birth or miscarriage "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of .......... (name origin; "Cancer" is less definite; avoid use of " "Old Age," "Shock," "Uraemia," "Weakness," by Always qualify all diseases resulting from childrailway The contributory (secondary or intercurtrain-accident; Revolver as "PUERPERAL "Dropsy," "Exhaustion," State cause for which Never septichaemia," ACCIDENTAL, report mere wound of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No.

	1 PLACE OF DEATH Punce Leo.	STATE OF MARYLAND
Cou	inty Avalcohia (Mark)	CERTIFICATE OF DEATH
	7 1217	Registration Dist. No.
Villag	e or City Malcolan (No	St.; Ward) (If death occurred in a hospital or Institution, give its NAME in-
,	2 FULL NAME Charles freph	Gruss stend of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended the deceased from
6 DAT	TE OF BIRTH	1. 2. 44 1 176 2
	(Month) (Day) (Year)	that I last saw h realise on Mot 214 1922,
7 AGE		and that death occurred on the date stated above, atm.
	I dayhrs.	The CAUSE OF DEATH 's was as follows:
(a)	UPATION Trade, profession or ticular kind of work	Frimalure I July
(b) bus	General nature of industry iness, or establishment in	(Duration)yrsmosds,
9 BIR	ch employed or (employer)	Contributory Secondary
1	O NAME OF FATHER AND MALE	(Signed) M.D.
ENTS	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
	OF MOTHER Sewis Leohr,	Accidental, Suicidal or Homleidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents, or Recent Residents)
1	3 BIRTHPLACE OF MOTHER (State or country)  Services	At place of death yrs. mos. da, State, yrs. mos. da,
14 TII	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(1	nformani) Fin Druss	Former or usual residence
	(Address) Muleolin ma	19 PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL
15 File	ed Mrs 78 1922 Mrs Hung B Contre	20 UNDERTAKER ADDRESS  A. J. Sumis agrasso had
	If more blanks are needed, address State Registrar,	16 W. Shratoga St., Balto., Requesting V. S. No. 1.

### REVISED UNITED STATES ERTIFICATE OF DEATH STANDARD

一年 高年の一日 での大きな

300

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. thred 6 yrs.). For persons who have no occupation whatever write None business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing dearn Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day

Typhoid fever (never report "Typhoid pneumenia"); spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Corobrighinal to time and causation), using always the same accept Statement of Cause of Death—Name, first, the big-mass causing death (the primary affection with respect Lobar pneumonia, Bronchopneumonia ("Pneumonia," fever (the only definite synonym is "Epidemic crebro-

> meg Nomenclature of the American Medical Association. train-accident; Revolver wound of head-homicide; and qualify as Accidental, Suicidal, or Homicidal, or can be ascertained as the cause. rhage," "Inunition." "Marasmus," "Old Age." "Shock," symptomatic), "Atrophy," "Collapse," ;"Coma," "Eonconditions, such as "Asthenia," "Angemia" (merely ary), 10 ds. Never report more symptoms or terminal stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms) : Mcastes; head of "contributory." (Recommendations on statequences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. taken. For violent puatits state means of injury State cause for which surgical operation was under-"PUERPERAL scp!icaemia,""PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weaknes." etc., when a definite disease "Dropsy," "Exhausticn," "Heart failure," "Haemorvulsions," "Debility" ("Cougenital," "Senile," etc.), eausing death), 29 ds.; Bronchopncumonia (second-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; ..... (uame origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarconia, etc., of unqualified, is indefinite); Tuberculosis of lungs, menof cause of death approved by Committee Always qualify all The na-

the certificate is permanently filed. tions inswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before If this certificate is lanked over thoroughly and all ques-

PLACE OF DEATH 12176	STATE OF MARYLAND CERTIFICATE OF DEATH
County Struce Storge	Registration Dist. No. 246
Village or City Brentwood (No	St; Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Junale Whate Single, Marked Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH  Morth 24  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	MNV 13 1927 10 UNV 26 192 L
meh 20, 1842	that I last saw h Lt. alive on Jun 26 , 192 ,
7 AGE (Month) (Day) (Year)  If LESS than I dayhrs.  Accordance or min.?	The CAUSE OF DEATH it may be follows. A Mark
8 OCCUPATION (a) Trade, profession or particular kind of work.  (b) General nature of industry business, or establishment in	asthmatic (Duration)
which employed or (employer).  9 BIRTHPLACE (State or country)	Contributory Secondary (Desation) with most de-
o 11 BIRTHPLACE	(Signed) M. D. M.
OF FATHER  OF FATHER  (State or country)  12 MAIDEN NAME  OF MOTBER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
18 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  At place of death yrsmosda. State, yrsmosda.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Tallieruse Quidly	Former or usual residence.
(Address) Ceder Kraft Med.  15 Filed NOV 2 8 1922 Le. O'llud M. A. Kegistrar	Description School State of Burial Stashung for SC Mor 29 2, 19.2.2  20 UNDERTAKER ADDRESS MAL A
	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. ('ensus and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, ployed, as At school or At home. Care should be taken Whatever, write None. tired 6 yrs.). Housemaid, etc. gaged in domestic service for wages, as Servant; Cook, to report specifically the occupations of persons cuwork, or At definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it (a) Foreman, (b) Automobile factory. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Plantor, Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation Precise statement of oc-For many occupations a single word or term on Home, and children, not gainfully em-For persons who have no occupation If the occupation has been changed -Coal mine, etc. Wom-The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report; "Typhoid pneumonia"). Lobar pneumonia, Bronehopneumonia ("Pneumonia").

quences (e.g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF Poisoned by carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway as probably such. If impossible to determine definitely "Puerperal septicaemic." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all ary), 10 ds. stated unless important. State cause for which surgical operation was under rhage," "Hanition." "Marasmus," "Old Age," "Shoek," symptomatie), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Uracmia," "Weaknes:" etc., when a definite disease Dropsy," "Exhaustion." "Heart vulsions." eausing death), 29 ds.; Bronchopneumonia (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic valvular heart discase; ...... (name origin; "Cancer" is less definite; avoid of "contributory." FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.) Never report mere symptoms or terminal (Recommendations on state-Example: Mcasles (disease "Anaemia" failure," . "Haemor-Measles; (second-(merely

If this certificate is looked over thoroughly and all questions. It was again detail, it will prevent further correspondence. In the data is essential and must be obtained before the coefficate is permanently filed.

SC SC S

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT BINDING <, FOR WITH UNFADING INK-THIS IS RESERVED PLAINLT

V. 8. No.

N.B.

PLACE OF DEATH	STATE OF MARYLAND	
County Prince Georges 12179 (16	CERTIFICATE OF DEATH	
	Registration Dist. No.	
Village or Citylea Belleville (No	St; Ward)  [It death occurred to a hospital or institution, give its NAME instead of street and number.]	
2 FULL NAME Francy Hay	ef street and number.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Flemale Calcuel STROLE WIGOWE WILD CHEEN (Write the word)	16 DATE OF OEATH  New (Month) (Day) (Year)	
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from	
(Month) (Day) (Year)  AGE If LESS than	and that death occurred on the date stated above, at	
8 S yrs mos ds. 1 day, hrs. OR min.?	The CAUSE OF DEATH * was as follows: Coff: Thore	
(a) Trade, profession, or particular kind of work.	was no disease culza	
b) General nature of industry business, or establishment in which employed (or employer)	(Burstion)mos	
State or country) wear Lawel, bed	Secondary  Ourstion)	
10 NAME OF Phones Cronwell	(Signed) W. Colling Cuffell M. M. 12 1972 (Address) Beruss, M.	
D FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in Caths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental. SUICIDAL OF HOMICIDAL.	
of Mother Cassic Hayues	18 LENGTH CF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS)	
13 BIRTHPLACE OF MOTHER (State or country)	At place to the of death yrsmosds. State, yrs. mes	
(lotormant) Laure Please (lotormant)	tf not et plecs of death?  Former er  usual residence	
(Address) Bellsnille, Cad	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  MURRING MU MM 14, 1012.	
Fled 2005/2th 1922 Marstmille	20 UNDERTAKER & French Lawre M	
	. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physician. Compositor, Architect, Lacomotive engineer, Civil applies to each and every person, irrespective ness of various pursuits can be known. The question wife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill, (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to engineer, write None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc.! If the occupation has been changed engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons Statement of Occupation-Precise statement of occupa--Coal mine, etc. is very important, so that the relative healthfulmany occupations a single word or term on the For persons who have no occupation whatever Stationary fireman, etc. But in many cases, The material worked on may form part Women at home, who are engaged in rcturn "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid [weer (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"); naqualified, is indefinite); Tuberculosis of lungs, menin-

"Tumor" for malignant neoplasins); Measles, Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of cough; Chronic valvatar heart disease; Chronic interstitied surgical operation was undertaken. For violent deaths etc., when a definite discase can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" symptoms or terminal conditions, such as "Asthenia," cholmeumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephrilis, etc. SUICIDAL, or HOMICIDAL, or as probably such, if impossible "PUERPERAL perilonitis," etc. genital," "Senile," rent) affection need not be stated unless important on statement of cause of death approved by Committee under the head of, "Contributory." and consequences (e. g., sepsis, tetunus) may be stated suicide. head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drawning; state MEANS OF INJURY and qualify as ACCIDENTAL, birth or misearriage as cause. Nomenclature of the American Medical Association.) Always qualify all diseases resulting from childby railway train-accident; nia" (mcrely symptomatic), "Atrophy," "Col-"Coma," "Convulsions," "Debility" ("Con-The nature of the injury, as fracture of skull, The contributory (secondary or intercuretc.), "Puenperal septichaemia," "Dropsy," State cause for which Never report mere (Recommendations Revolver wound "Exhaustion,"

ions answered to detail, it will prevent further correspondnice. All the data is essential and must be obtained before
the certificate is permanently filed.

DEC 4 1922

STATE OF MARYLAND PLACE OF FICATE OF DEATH Registration Dist. No. ... Ward) (If death occurred in a hospital or institucertificate tion, give its NAME instead of street and number.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS of 16 DATE OF DEATH SINGLE, MARRIED, WILLOWED 4 COLOR OR RACE | 5 3 SEX pe on back it may OR DIVORCED (Write the word) I/ HEREBY CERTIFY, That I attended the deceased from BINDIN 6 DATE OF BIRTH hat instructions CE (Day) (Month) (Year) and that death occurred on the date stated above, 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day .... hrs. terms ....ds. or ..... min. ? 99 8 OCCUPATION (a) Trade, profession or piain particular kind of work. important. UNFADING (b) General nature of industry business, or establishment in (Duration) 2 which employed or (employer)..... 9 BIRTHPLACE Secondary (State or country) very 10 NAME OF (Signed) FATHER 0 ta1 11 BIRTHPLACE \*State the Disease Causing Death, or, (In deaths from OF FATHER US. Z Violent Causes, state (1) Means of Injury; and (2) whether (State or country) Accidental, Suicidal or Homicidal. x 12 MAIDEN NAME d OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate 0 ients, or Recent Residents) Ö 13 BIRTHPLACE In the Ö OF MOTHER of death .... yrs..... mos......da. State, ..... yrs. .... mos. .... da. (State or country) T Where was disease contracted. shoui if not at place of death?... statement Former or usual residence. DATE OF BURIAL Every ADDRESS Registrar If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

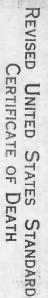
Physician, Compositor, Architect, Locomotive engineer fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (regaged in domestic service for wages, as Servant, Cook, whatever, write None. Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or without more precise specification as Day At Home, and children, not gainfully em-

Statement of Cause of Death—Name, first, the precase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

If this certificate is looked over thoroughly and all questions answered in hetail, it will prevent further correspondence. In the data is essential and must be obtained before the certificate is formanently filed. ture of the injury, as fracture of skull, and conse and qualify as accidental, suicidal, or homicidal, or can be ascertained as the cause. Always qualify ali "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia (secondstated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclasure of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely taken. For violent deaths state means of injury State cause for which surgical operation was under-"Puerperal schticacmia," "Puerperal peritonitis," diseases resuiting from childbirth or miscarriage as vulsions," (secondary or intercurrent) affection need Whooping cough; Poisoned by carbolic acid-probably suicide. The na-(e.g., sepsis, tetanus) may be stated under the "Dehility" ("Congenital," "Scnile," etc.), Chronic valvular heart discase; Example: Measles (disease not be etc.

	PLACE OF DEATH  12178	STATE OF CERTIFICATE	
	age or Cily Trutton MI (No.	(161-a) Registration St.: Ward	
	2 FULL NAME 2006 manur	/vrn.luri	a hospital or has tlon, give its NAME stead of street number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
M	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  17 I HEREBY CERTIFY, That I a	7-00/5
	(Month) (Day), (Year)	that I last saw halive on	vv/4
7 AG	If LESS than I day Ohrs.  yrs	The CAUSE OF DEATH 's was as follows:	
(e 3 p	CCUPATION a) Trade, profession or articular kind of work b) General nature of industry		
(a) property (b) bit w	a) Trade, profession or articular kind of work	Contributory  Secondary	yrs
(a) property (b) bit w	A) Trade, profession or articular kind of work.  b) General nature of industry usiness, or establishment in which employed or (employer).  IRTHPLACE (State or country)		yrs mos /
(a) property (b) bit w	a) Trade, profession or articular kind of work	Contributory Secondary	
STAN STAN STAN STAN STAN STAN STAN STAN	1) Trade, profession or articular kind of work  2) General nature of industry usiness, or establishment in thich employed or (employer)  IRTHPLACE (State or country)  19 NAME OF FATHER PLACE OF FATHER (State or country)  11 RIRTHPLACE OF FATHER (State or country)	Contributory Secondary  (Signed)  192. (Address)	y welfully
S E E E	10 Trade, profession or articular kind of work.  20 General nature of industry usiness, or establishment in which employed or (employer).  11 RIRTHPLACE (State or country)  12 MADEN NAME OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (OF MOTHER MATTER)  13 MAIDEN NAME OF MOTHER MATTER  14 MAIDEN NAME OF MOTHER MATTER  15 MATTER  16 MATTER  17 MATTER  18 MATTER  19 MATTER  19 MATTER  10 MATTER  11 MATTER  12 MATTER  12 MATTER  13 MATTER  14 MATTER  15 MATTER  16 MATTER  17 MATTER  18 MATTER  18 MATTER  19 MATTER  19 MATTER  10 MATTER  10 MATTER  11 MATTER  12 MATTER  13 MATTER  14 MATTER  15 MATTER  16 MATTER  17 MATTER  18 MATTER  18 MATTER  18 MATTER  18 MATTER  18 MATTER  19 MATTER  19 MATTER  10 MATTER  11 MATTER  12 MATTER  13 MATTER  14 MATTER  15 MATTER  16 MATTER  17 MATTER  18	Contributory Secondary  (Signed)  (Signed)  (Address)	y well to the frogen y and (2) wheth
PARMITS WAS BELLE & BAR & BILL & BAR & BILL & BAR & BA	10 NAME OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 MATHOR MANE OF MOTHER (State or country)  15 MAIDEN NAME OF MOTHER (State or country)  16 MATHOR MANE OF MOTHER (State or country)  17 MAIDEN NAME OF MOTHER (State or country)  18 BIRTHPLACE OF MOTHER (State or country)  19 MAIDEN NAME OF MOTHER (State or country)	Contributory Secondary  (Signed)  *State the Disease Causing Deatly Violent Causes, state (1) Means of Interpretation Accidental, Suicidal or Homicidaly  13 LENGTH OF RESIDENCE (For Hosients, or Recent Residents)  At place Inthe Of Cause of Causing Deatly Violent Causes, state (1) Means of Interpretation of Inthe Cause of Inthe Cause of Cause	y well to the pitals, Institutions, I
STAMMAN STAMMA	10 Trade, profession or articular kind of work.  2) General nature of industry usiness, or establishment in thich employed or (employer).  11 RITHPLACE (State or country)  11 RIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF GOF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER  14 MAIDEN NAME OF MOTHER  15 BIRTHPLACE OF MOTHER  16 MOTHER	Contributory Secondary  (Signed)  *State the Disease Causing Deatly Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal,  18 LENGTH OF RESIDENCE (For Hoselents, or Recent Residents)  At place of death yrs. mos. da. Sta	y well to the pitals, Institutions, I
STAMMAN STAMMA	10 Trade, profession or articular kind of work.  10 General nature of industry usiness, or establishment in which employed or (employer).  11 RIRTHPLACE (State or country)  12 MAME OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 BIRTHPLACE OF MOTHER (State or country)  15 BIRTHPLACE OF MOTHER (State or country)	Contributory Secondary  (Signed)  State the Disease Causing Deaty Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal,  18 LENGTH OF RESIDENCE (For Hostients, or Recent Residents)  At place of death	y wll stable of or, in deaths fro jury; and (2) wheth

AARGIN RESERVED FOR BINDING



(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (rcstate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the (a) Foreman, (b) Automobile factory. The material eases, especially in industrial employments, it is neces-Civil engineer, Stationury fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oe For many occupations a single word or term on

Lobar pneumonia, Bronchopneumonia ("Pneumonia, Typhoid fever (never report "Typhoid pneumonia"); spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cercbrospinal EASE CAUSING DEATH (the primary affection with respect fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-Statement of Cause of Death-Name, first, the pis-

> Nomenclature of the American Medical Association. quenees (c. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consement of cause of death approved by Committee on Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or rhage," "Inanition." "Marasmus," "Old Age." "Shock," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal State cause for which surgical operation was under-"Puerperal scplicaemic," "Puerperal peritonitis," diseases resulting from childbirth or misearriage as ean be ascertained as the cause. "Uraemia," "Weaknest," etc., when a definite disease "Dropsy," "Exhaustion," "Heart symptomatic), "Atrophy," "Collapse," "Coma," stated unless important. Chronic interstitial nephritis, cte. vulsions," causing death), 29 ds.; Bronchopneumonia (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tubcrculosis of lungs, men-Whooping cough; Chronic valvular heart discase; FOR VIOLENT DEATHS State MEANS OF INJURY "eontributory." "Debility" ("Congenital," "Senile," etc.) (Rreommendations on state-Example: Meastes failure." "Haemor Always qualify all The contributory Measles; (second (merely (disease

tions answered in detail, it will prevent further correspondence. All the data is essential and must be abusined before If this certificate is looked over thoroughly and all ques-

the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County Pluce Dearge	(99-6) CERTIFICATE OF DEATH
12180	Registration Dist, No. 2 46
Village or Just Rauser (No. 3/0/)	Vileotore St.; Ward) (If death occurred in
2.00. 0 -1	a hospital or institu- tion, give its NAME in- stead of street and
2 FULL NAME Williams VIII. L	and stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mole Whele Single, Married Widowei  OR Divorced (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That y attended the deceased from
6 DATE OF BIRTH	hov 24 1927 how 26 1922
mar 27 ,863	that I last saw him alive on the 229 1922
(Month) (Day) (Year)	and that death occurred on the date stated above, at
7 AGE	The CAUSE OF DEATH 's was as follows:
yrs. 8 mos. 2 de or min, ?	2
8 OCCUPATION (a) Trade, profession or Electric cos particular kind of work	Music Muchilo
(b) General nature of industry	2 /
business, or establishment in which employed or (employer)	(Duration) yrsmos ds,
9 BIRTHPLACE (State or country Commapoler me	Contributory Secondary (Duration) VIS. (Documents)
10 NAME OF MORTON J. Common	(Signed) A alley M.D.
11 BIRTHPLACE OF FATHER	(Address)
(State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of Mother Ellen & tel	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Allan	At place of death yrs mosda. State,yrs mosda.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Informant Harriel on James	Former or usual residence.
(Address) Comberland Mel	19 PLACE OF BURIAL OR REMOVAL   SATE OF BURIAL
Filed 11-36-22 192 & C. Ohlen Any min	20 UNDERTAKER ADDRESS
Registrar	19 Habour minder
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto, Tequesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the to report specifically the occupations of persons enhousehold only (not paid Housekcepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore au sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oeetc. without more precise specification as Day For many occupations a single word or term on or At Home, and children, not gainfully em-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid puenmonia"); Lobar pneumonia, Bronchopneumonia ("Preumonia,")

head of "contributory." (Recommendations on statement of cause of death approved by Committee on quences (e. g., scpsis, tetanus) may be stated under the train-accident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway "Puerperal septicaemia." "Puerperal peritonitis," rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic). "Atrophy," "Collapse," "Coma," ary), 10 ds. Never report mere symptoms or Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. The naas probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes." etc., when a definite disease "Dropsy," "Exhausticm." "Heart vulsions." conditions, such as "Asthenia," "Anaemia" eausing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Measles; inges. perilonatum, etc., Carcinoma, Sarcoma, etc., of unqualified. is indefinite); Tuberculosis of lungs, men-..... (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; of the injury, as fracture of skull, and conse-"Debility" ("Congenital," "Senile," etc.), Example: Measles failure." "Haemor-The contributory terminal (disease (merely (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICHANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT BINDING TH UNFADING INK-THIS IS FOR ストのロストドロ MARGIN LAINLY, WRI V. S. No. 1.

Z

	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
	WITHIN COLUMN TERM	Registration Dist. No. 2.145
VI	lage or City Myallouile (No	St; Ward)  St; give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX' 4 COLOR OR RACE 5 SINGLE MARRIED, WIDOWED OR BURGERS OF BURGE	16 DATE OF DEATH Nor 8 , 1942 (Month) (Day) (Year)
	PATE OF BIRTH  (Mouth) (Day) (Year)  AGE If LESS than	that I last saw here alive on MN 8 ,1922, and that death occurred on the date stated above, at HP m.
- 11	Occupation (a) Trade, profession, or Mouseurile particular kind of work	Exhoustin Coused by
×	(b) Genoral nature of Industry business, or establishment in which employed (or employer)	Carcurona of gall blodder
	BIRTHPLACE (State or country) Calvert Co. Will	Secondary Secondary
	10 NAME OF FATHER MO, Dedwick	(Signed) Duyll and The & Calmar, M. s.
1		State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL.
0	13 BIRTHPLACE Of A TOTAL	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs. mos. ds. State, yrs. mes. ds. Whers was disease contracted,
	(Informant) Sught Fatimes MA	If not el placs of deeth ?
15	(ABBress) Hyallanelleurd	Wrist Church md M/1-9, 1812.2
	Filed NOT 9" 1322 Mrs. as Devere	F. Jaseles Lous Bludenshing
d	If more blanks are medad, address State Registrar, I	& W. Saratoga St., Balto., Requesting V. S. Ne. 1

[Approved by U. S. Census and American Public Realth
Association.]

precise specification as Day laborer, Farm laborer, Laborer business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Iaborer," "Foreman," "Manager," "Dealer," etc., without more write None. state occupation at beginning of illness. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mobile factory. The material worked on may form part know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Coal mine, etc. Statement of Occupation-Precise statement of occupa-(a) Salesman, (b) Grocery: (a) Foreman, (b) Auto-For persons who have no occupation whatever Women at home, who are engaged in If retired from

Statement of Cause of Beath—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified. is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: head-homicide; Poisoned by carbolic Struck by railway train-accident; Revolver wound state MEANS OF INJURY and qualify as ACCIDENTAL surgical operation was undertaken. For violent deaths cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uracmia," "Weakness "Puenperal peritonitis," ctc. State cause for which etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maraslapse," "Coma," "Convu genital," "Senile," etc.), "Annemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Turnor" for malignant neoplasms); Measles; Whooping ges, peritonaciim, etc., Carcinoma, Sarcoma, etc., of. (name origin; "Cancer" is less definite; avoid use of The contributory (secondary or intercur-"Dropsy," "Exhaustion," Never report mere "Atrophy," acid-probably ("Con-

If the certificate is nonlead twer thoroughly and all queetions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certifications permanently dies.

DEC 8 1955

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County	23/
Villago or City Suitland (No.	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored Single MARRIED, Single OR DIVORCED (Write the word)	16 DATE OF DEATH 700 36, 1912 2 (Month) (Day) (Year)
TAGE  OBATE OF BIRTH  Month)  Month)  Obay  Tage  If LESS than 1 day, hrs. or mic.?	17 I_HEREBY CERTIFY, That I attended deceased from, 191, to, 191, that I last saw h alive on, 19t, and that death occurred on the date stated above, at
a) Crade, protession, or particular kind of work  (b) General nature of industry business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Manual Country	Occidental gunshoh nowned of the Florest & head (Burellon) yes mee to Contributory Instant death.
10 NAME OF FATHER Frank Locks  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER LIEU Showing	(Signed) Thurb Sancting, M. C.  (Signed) Thurb Sancting, M. C.  (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or oountry)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informent) Livey Showings.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yes, mee, ds. State, yes, mee, du. Where was disease centracted, If net at place of death?  Former or
(Address) Ewacustia G. 1. D.  15 Filed Sice 2 1912 2 Samp & Cry Licol REGISTRAR  "Trapes blambs are peaded, address State Baristrar, 1	Proudown De 25, 19172  20 UNDERTAKER  Mason  ADDRESS  Macostia De

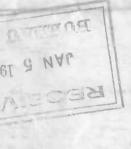
[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the bisease causing death, engaged in domestic service for wages, as Scrvant, Cook employed, as At school or At home. wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons precise specification as Day laborer. Farm laborer, Laborer of the second statement Never return "Laborer," "Poreman," "Manager," "Desler etc., without more mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to business or industry, and therefore an additional line engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. E., Farmer or Planter, Physiapplies to each and every person, irrespective of age tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupamany occupations a single word or term on the (a) Salesman, (b) Grocery, (a) Foreman, (b) Ando-Compositor, Architect, Locumotive engineer, For persons who have no occupation whatever various pursuits can be known. The question Women at honce, who are engaged in Care should be If retired from

Statement of Cause of Death—Name, first, the disease causing obsain (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia. Bronchopneumonia ("Pneumonia," meningualified. is indefinite); Tuberculosis of lungs, meningualified.

on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-Struck by railway train—accident; Revolver to determine definitely. Examples: Accidental drowning, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uraemia," "Weakness. chopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," nephrilis, etc. The echitributory (secondary or intercurbirth or miscarriage as "Puenpenal septichaemia," etc., when a definite disease can be ascertained as the "Annemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" Example: Measles (disease causing death), 29 de.; Bronrent) affection need not be stated unless important. eough; Chronic valvular heart disease; Chronic interstition "Tumor" for malignant neoplesms); Meastes, Wheoping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull State cause for which mound ("Con-

If the certificate is looked over thoroughly and all questions answered in detail; it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



certificate 10 CK ba 20 Suo instructi . Sei important. very (5) should state CAL

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH 10 County Registration Dist. No. ....Ward) a hospital or institution, give its NAME instead of street and number. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SINGLE 16 DATE OF DEATH 3 SEXI MARRIED, WIDOWED (Year) (Month) (Day) OR DIVORCED CERTIFY, That battended decreed 6 DATE OF BIRTH (Year) (Day) (Month) If LESS than TAGE 1 day, hrs. OR min. ? OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry business, or establishment in which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE in tha OF MOTHER State, \_\_\_\_\_\_\_ds. \_\_\_\_\_da. (State or country) Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death?. Former or (Informant) esual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER DORES REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1



[Approved by U. S. Census and American Public Health
Association.]

state occupation at beginning of illness. or given up on account of the disease causing death, wife, Housework, or At Home, and children, not gainfully precise specification as Day laborer, Farm laborer, Laborer write None business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more mobile jaclory. The material worked on may form part of the second statement. Never return "Laborer," cian, mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to is provided for the latter statement; it should be used business or industry, and therefore an additional line engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planler, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever Locomotive If retired from engineer, (b) Auto-

Statement of Cause of Beath—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated genital," birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths cause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere cough; Chronic valvular heart discase; Chronic interstitial Example: Measles (disease causing death), 29 de.; Bronrent) affection need not be stated unless important nephritis, etc. ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of.
(nume origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver wound Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull "Senile," etc.), The contributory (secondary or intercur-"Dropsy," "Exhaustion," ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Statement of STATE OF MARYLAND Rogistration Dist. 0 If death occurred in a hospital or institution, give its NAME instead 上心 of street and number. classified EXA PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, stated 16 DATE OF DEATH PERMANENT MARRIED, Married be properly of certificate. OR DIVORCED Write the word) 6 DATE OF BIRTH should (Month) (Year) (Day) 7 AGE 40 If LESS than it may and that death occurred on the date stated above, a back 1 day, hrs. AG The CAUSE OF DEATH # was as follows: OR min.? 00 OCCUPATION tha supplied (a) Trade, profession, or particular kind of work Z SE 80 (b) General nature of industry 0 instructi terms business, or establishment in UNFADING carefully which employed (or employer 9 BIRTHPLACE Contributory See in (State or country) D. C F DEATH in important should 11 BIRTHPLACE RENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT information : CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, 12 MAIDEN NAME d 0 very OR RECENT RESIDENTS 13 BIRTHPLACE -Every item of infor should state CAUS OCCUPATION IS v OF MOTHER (State or country) usual residence 15 ADDRESS 0 REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



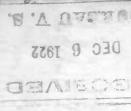
[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be write None. state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, a. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question business or industry, and therefore an additional line engineer, For many occupations a single word or term on the -Coul mine, etc. Women at home, who are engaged in Statement of Occupation-Precise istatement of occupa-Compositor, Architect, very important, so that the relative healthful-For persons who have no occupation whatever Stationary fireman, etc. Locomotive engineer, But in many cases, If retired from (b) Auto-Civil

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchapmeumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conges, perilonaeum, etc., Curcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid use of surgical operation was undertaken. For violent deaths symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstilial "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver The contributory (secondary or intercur-(Recommendations Never report mere nound

If this certificate is hooked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. ECORD (If death occurred in ...... Ward) a hospital or institution, give its NAME inof certificate. stead of street and number.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE | 5 SINGLE, 3 SEX eq it may be WIDOWED pinoria OR DIVORCED CERTIFY, That I attended the decease (Write the word) BINDING 6 DATE OF BIRTH hat instruction (Month) (Day) (Year) and that death occurred on the date stated above, at .... 7 AGE If LESS than The CAUSE OF DEATH & was as follows I day .... hrs. 00 8 OCCUPATION (a) Trade, profession or plain particular kind of work..... (b) General nature of industry business, or establishment in 2 Import which employed or (employer)..... Contributory Secondary S BIRTHPLACE (State or country) (Duration) .....yrs. 0 10 NAME OF (Signed) FATHER (Address) RENTS 11 BIRTHPLACE \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether should state OAUSE ent of OCCUPATION OF FATHER (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 ients, or Recent Residents) inthe 13 BIRTHPLACE At place of death OF MOTHER . yrs. (State or country of Where was disease contracted, if not at place of death?... item usual residence Every it CIANS stateme Registrar 16 W. Saratoga St., Balto., Requesting V. S. No. 1 If more blanks are/needed, address State Registrate



#### REVISED UNITED ERTIFICATE OF DEATH STATES STANDARD

(Approved by U. S. Censns and American Public Health Association.)

ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesenpation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons cn-(a) Foreman, (b) Automobile factory. Civil engineer, Stationary fremen, etc. But in many whatever, write None. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no oecnpation The material

spinal meningitis"); Diphtheria (avoid use of "Croup"); EASE CAUSING DEATH (the primary affection with respect Lobar pneumonia, Bronchopneumonia ("Pneumonia Typhoid fever (never report "Typhoid pneumulia") ed term for the same disease. Examples: Cerebrospinal to time and cansation), using always the same acceptfever (the only definite synonym is "Epidemic eprebro-Statement of Cause of Death-Name, first, the

> conditions, such as "Asthenia." ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menand qualify as accidental, suicidal, or homicidal, or diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," (secondary or intercurrent) affection need not be Chronic interstitial nophritis, etc. The contributory ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Examples: Accidental droughing; Struck by railrear as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under "Puerperal septicaemia." "Puerperal peritonitis," "Uracmia," "Weakness." etc., when a definite discase "Dropsy," "Exhaustion," "Heart failnre," "Haemorvulsions," Whooping cough; Chronic valvular heart disease; ......(name origin; "Cancer" is less definite; avoid Nomenclature of the American Medical Association.) Poisoned by carbolic acid—probably suicide. -accident; Revolver wound of head-homicide; "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-"Anaemia" "Coma," (second-(merely "Con-

ench. All the data is essential and must be obtained before the certificate is permanently filed. tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-

STATE OF MARYLAND SICIANS tatement of OF Registration Dist. No PHY If death occurred in ...... Ward) a hospital or institution, give its NAME instead of street and number. ] EXACTL RECORD PERSONAL AND STATISTICAL PARTICULARS SINGLE, MARRIED, MARRIED, WIOOWEO MARRIED, 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE PERMANENT 5 OR OIVORCEO (Month) (Day) certificate CERTIFY, That-| attended deceased from DATE OF BIRTH pinous 1 (Day) 7 AGE 0 If LESS than rney th occurred on the date stated above, at 1 day, hrs. back Ü THIS min. ? A OCCUPATION tha uo supplied (a) Trade, profession, or Suo particular kind of work 0 15 (b) General nature of industry instructi terms, business, or establishment in UNFADING carefully which employed (or employer) 9 BIRTHPLACE lain (State or country) See 2 10 NAME OF D 2 FATHER TH in important RENTS 11 BIRTHPLACE State or cou DEA \*State the DISEASS CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, 12 MAIDEN NAME V OF MOTHER LL. EOF 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE is the At place Every item of informations should state CAUS OF MOTHER of death \_\_\_\_\_yrs. \_\_\_\_\_mes. \_\_\_\_\_ (State or country) Where was diseass contracted, If not at piece of death? ..... Former or (Informant) usual residence DATE OF BURIAL 204UN 0 If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

1 PLAGE OF DEATH

ESERVED

Approved by U. S. Gensus and American Public Health

applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulespecially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the of 'the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Form laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons Housemaid, etc. write None. Statement of Occupation-Precise statement of occupa--Coal mine, etc. Women at home, who are engaged in various pursuits can be known. For persons who have no occupation whatever The material worked on may form part If the occupation has been changed Locomotive engineer, etc., without more If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrogians meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Theorem pneumonia, Bronchopneumonia ("Pneumonia," Theorem pneumonia, indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ..... nephritis, etc. The contributory (secondary or intercurcough; Chronic valvulor heart disease; Chronic interstitial "Heart failure," "Hemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uraemia," "Weakness," chopucumunia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "Anuemia" symptoms or terminal conditions, such as "Asthenia," SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drawning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deates "PUERPERAL perilonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee or miscarriage as "Puenperal septichaemia," "Coma," ona," "Convulsions," "Debility" ("Con-"Atrophy," "Col-

If this certificata is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housemobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more Housemaid, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, engineer, Stationary fireman, etc. But in many business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planler, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-(a) Salesman, (b) Grocery; (a) Foreman, For persons who have no occupation whatever, etc. If the occupation has been changed But in many cases, The question (b) Auto-

Statement of Cause of Death—Name, first, the DISEAR CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Synhoid fever (never report "Typhoid pneumonia"); Inbar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

V United Will

on topnenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. cause. Always qualify all diseases resulting from child-birth or miscarriage as "Pourpulat septichaemia," etc., when a definite disease can be ascertained as the "Heart failure, genital," "Senile," etc.), "Anxemia" (merely symptomatic), "Atrophy," hapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia, chopneumonia rent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercur-"Tumor" for malignant neoplasms); Measles; Whooping Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease, Chronic interstitial "Old Age," "Shock," "Uracmia," "Weakness, (secondary), 10 ds. "'" "Il emorrhage," "Inanition," "Maras-"Dropsy," State cause for which Never report mere "Exhaustion, ("Con-

tion discovered in detail, it will prevent further correspondences. At the data is essential and must be obtained before the egricular is permanently filed.

BINDING

FOR

RGIN



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day toborer, Furm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman." "Manager," "Dealsary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus: Farmer (re-Housemaid, etc. to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer, eupation is very important, so that the relative health-(a) Foreman, (b) Automobile factory. The material tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emyrs.). For persons who have no occupation If the occupation has been changed But in many

Statement of Cause of Death—Name, first, the pissease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic evelutospinal meningitis"); Diphtheria (avoid use of "Choup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anacmia" ment of cause of death approved by Committee on quences (e. g., scpsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or misearriage as can be ascertained as the cause. "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges. perilonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men Poisoned by carbolic acid-probably suicide. The na-State cause for which surgical operation was under-"Puerperal septicuenta." Puerperal peritonitis," etc. Nomenclature of the American Medical Association.) (secondary or intercurrent) affection need Whooping cough; Chronic valvulur heart disease; ..... (name oright; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "contributory." "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles Always qualify all (second-(disease (merely

in this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Classified. Registration Dist. No. ...... Ward) certificate MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE! 5 SINGLE. MARRIED, WIDOWED / My back OR DIVORCED may (Write the word) I HEREBY CERTIFY, That I attended the deceased from 17 uo BINDIN 6 DATE OF BIRTH instructions at tal that I last saw h Ma alive on .... M. C th (Month) (Day) (Year) and that death occurred on the date stated above, at 2 80 7 AGE If LESS than The CAUSE OF DEATH & was as follow-I day .... hrs. term yrs.....ds. or... min. 8 OCCUPATION NK (a) Trade, profession or aln particular kind of work..... WITH UNFADING o (b) General nature of industry business, or establishment in (Duration) .....yrs....mos.. which employed or (employer)..... Contributory 9 BIRTHPLACE 2 Secondary (State or country) MARGIN very 10 NAME OF FATHER 0 (Address) (A.g. 11 BIRTHPLACE UPATION -\*State the Disease Causing Death, or, in deaths from OF FATHER SO Z Violent Causes, state (1) Means of Injury; and (2) whether (State or country Accidental, Suicidal or Homicidal, O 0 12 MAIDEN NAME 4 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate lents, or Recent Residents) 200 13 BIRTHPLACE At place of death OF MOTHER State,.....yrs.....mos.....da. ... yrs......mos......da. 0 (State or country Where was disease contracted, of shoul 14 THE ABOVE IS TO THE BEST OF MY KNOWLEDGE if not at place of death?..... **Statement** Former or usual residence 19 PLACE OF BURIAL OR REMOVAL (Address) 20 UNDERTAKER Registrar

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(If death occurred in a hospital or institu-

tion, give its NAME instead of street and

DATE OF BURIAL

ADDRESS

number.)



- 35182 ·

B. S. S. Care de S. C.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Ceusus and American Public Health Association.)

worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from or given up on account of the pisease causing death, definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re-Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or it Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a (a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepts ed term for the same disease. Examples: \*Cerebrospinal fever\* (the only definite synonym is "Epidemic cerebrospinal meuingitis"); \*Diphtheria\* (avoid use of "Croup"); \*Typhoid fever\* (never report "Typhoid pneumonia"); \*Lobar pneumonia, \*Bronchopneumonia\* ("Pneumonia,")

unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Careinoma, Sarkoma, etc., of head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid—probably, suicide. The nature of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determing definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For VIOLENT DEATHS State MEANS OF INJURY diseases resulting from childbirth or misearriage as can be ascertained as the cause. rhage," "Inanition" "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Hacmorvulsions," "Debility" ("Congenital," (Senile," etc.), symptomatie), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report more symptoms or terminal causing death), 29 ds.; Bronchopmcupionia: (secondstated unless important. Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection ineed not be Whooping cough; Chronic valvulur heart disease; use of "Tumor" for malignant neoplasms) i Meastes; ...... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway State cause for which surgical operation was under-"Puerperal scpticaemia:" Puerperal peritonitis," etc. "Uraemia," "Weeknes." etc., when a definite disease ment of eause of death approved by Committee on Nomenclature of the American Medical Association.) (Recommendations on state-Example: Meastes (disease Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR SIN RESERVED

No. υ'n Š

Village or City Near Silver Short.  2FULL NAME Carl J. Smit	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 24  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, Single WIDDWED, ORDINARDED	16 DATE OF DEATH November 30, 19 kg (Year)
Date of Birth  December 13, 1905  (Month) (Day (Year)  Tage If LESS than 1 day,hrs.  OR min.?  Boccupation of work or perticuler kind of work or perticuler kind of work of houses, or establishment in which employed (or employer)  BIRTHPLACE (State or country) Maryland  10 NAME OF FATHER Ohn Smith  11 BIRTHPLACE (State or country) Maryland  11 BIRTHPLACE (State or country) Maryland	HEREBY CERTIFY, That I attended deceased from Movembe 19, 1922, to Novembe 30, 1923.  that I last saw him alive on Movembe 29, 1963.  and that death occurred on the date stated above, at
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address) Prince george Co. Med.  15 Files Prince george Co. Med.  16 REGISTRAR	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dcaler," etc., without more precise speci-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the disease Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of State cause for "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



	1 PLACE OF DEATH	STATE OF MARYLAND
10	Bring Grange (58	CERTIFICATE OF DEATH
Co	ounty 1000 1000	14/
	ston.	Registration Dist. No.
V	illage or City M. Farmer (No. 37%)	13 wher Med (St.; Ward) [If death occurred in a hospital or institution, give its NAME lostead
	2 FULL NAME Frank alfud	Stelson of street and number.]
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	mannie, a	16 DATE OF DEATH NO. 2 198.2
2	wide wide (Write the word)	(Month) (Day) (Year)
6 D	ATE OF BIRTH	Mar 23, 1922 to nov 2, 1927
	(Month) (Day) (Year)	that I last saw him alive on Nov 2 1922
7 A G		and that death occurred on the date stated above, at
	1 day,hrs.	The CAUSE OF DEATH* was as follows:
	CUPATION	Termoins amenia
	Trade, profession, or Herry Lafrey man	
(b)	General nature of Industry,	
	ness, or establishment in the amployed (or employer)	(Duration) J yrs mos ds.
9 BI	RTHPLACE ate or country) Brunnich munic	Gontributory [Sameuno Williams (Secondary)
	10 NAME OF FATHER	(Buration) yrs mos ds.
S	Frank M. Nelson	(Signed) Day I walled. N. D.
	11 BIRTHPLACE OF FATHER (State or country)   Principle	*State the DISEASE CAUSING DEATH, OF, In deltas from VIOLENT
REN	12 MAIDEN NAME	CAUSES, State (1) MEANS OF INJURY; and (2) Whether Accidental, Suicidal, or Homicidal.
PARI	OF MOTHER Oris Sherwood	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPORT
	13 BIRTHPLACE OF MOTHER (State or country) Brunning Manne	OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds.
14 <sub>T</sub>	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
*	Informant) 205 Delaplane	Former or
MAR	is 1502-47 of Place wash De	19 PLACE OF BURIAL OR BENOVAL A DATE OF BURIAL
16	(Address) 1845 - The Market Market	New Description to a
FOV 4 - 1922 . L. C. Ollen An Amor		20 UNDERTAKER ON Church ADDRESS
riie	REGISTRAR	Coffee Duide Leel an Chie
	If more blanks are needed, address State Registrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indicausing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Realthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, For persons "Foreman," (0)

losis of lungs, meninges, peritonaeum, etc.. pneumonia"); Lobar pneumonia; Bronchopneumonia time and causation), using always the same accepted causino prath (the primary affection with respect to ("Pneumonia," unqualified, is indefinite); Tubercu "Croup"); Typhoid fever (never brospinal meningitis"); Diphtheria fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Ccrebrospinal Statement of cause of death-Name, first, the DISEASE report "Typhoid (avoid use of Carcin-

> cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.); "Contributory." dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronia oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head (name origin; "Can-State cause for Examples:

tions answering in detail, it will prevent further correspondence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-

the certificate is permanently filed.

ż

Þ.

PLACE OF DEATH	STATE OF MARYLAND
Pres 12192	CERTIFICATE OF DEATH
County / Min Ce July	Registration Dist. No. 2.3.
1 1	Registration Dist. No.
Village or City Mar Marling In 9	St.; Ward) (If denth occurred in a hospital or institu-
1	tion, give its NAME in-
2 FULL NAME JUSCIL Sin	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH
m white WIDOWED Bright	(Month) (Day) (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	Jet A 1 5 192 10 nw 21 1922
whom , got	that I last saw h Me alive on Nov 20 1922 /
(Month) (Day) (Year)	A AL
7 AGE If LESS than	and that death occurred on the date stated above, at
16 human I dayhrs.	The CAUSE OF DEATH & was as follows:
8 OCCUPATION	
(a) Trade, profession or	V minus any Intercher
particular kind of work.	
(b) General nature of industry business, or establishment in	(Duration)yrsmosde
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
	(Duration) yrs mos da
10 NAME OF FATHER	(Signed) Mully Larser M.D.
2 H BIRTHPLACE	MA 2) 192 , (Address) by Machine).
of Father (State or country)	*State the Disease Causing Death, or, in deaths from
C 12 MAIDEN NAME 0	Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER May a get hours	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	lents, or Recent Residents)
OF MOTHER (State or country)	At place In the State, yrs mosda.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Gura, Smeering	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL   DATE OF BURIAL
(Address) When gelm	R 2m 1
15	Mine //d /M. 4.3 19 L. +
Filed Mr 22 1922 Of Emest Smith	20 UNDERTAKER ADDRESS
Registrar	Ortchie Bis Vatchie Ma
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing beath, gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer, Farm laborer. Laborer-Coal mine. etc. Women at home, who are engaged in the duties of the er," etc.. worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manuger," "Dealadditional line is provided for the latter statement; it Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Studionary Aremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to caeli and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day As examples: (a) The material

Ease Causing death (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia").

ment of cause of death approved by Committee on Nomenclature of the American Medical Association.) head of "contributory." quences (e. g., scpsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely. and qualify as accidental, stiedal, or Homicidal, or taken. For violent deaths state means of injury State cause for which surgical operation was under-"Puenpenal schicaemia." "Puenpenal peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes." etc., when a definite disease rhage." "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion." "Heart failure." "Haemorvulsions." symptomatic), "Atrophy," "Collapse," "Coma," conditions. ary), 10 ds. Never report mere symptoms or terminal causing death). 20 ds.; Bronchopacumonia stated unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Whooping cough; Chronic valvular heart disease; ..... (mame origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), such as "Asthenia," "Anaemla" (Recommendations on state-Example: Measles (disease Struck by railway (second-(merely "Con-

to this certificate is looked over thoroughly and all questions not wered in detail, it will prevent further correspondence of the data is essential and must be obtained before the perforate is permanently filed.

Every item of information should be carefully supplied ACE should be stated EXACKLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified, Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD IS A PERMAN TH UNFADING INK---THIS INLY, WRITE

BINDING

FOR

RESERVED

MARGIN

V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
County / Les	CERTIFICATE OF DEATH
O.	Registration Dist. No. 232
Village or City Rasary Ville (No	St; Ward) (If death occurred in
May & O	a hospital or inalitu- tion, give its NAME in-
2 FULL NAME Mases Washing	glou steed and number.)
DEDCONAL AND CTATISTICAL BARTICILLARS	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	16 DATE OF DEATH
Male Calaud Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) , 15.2 2 (Yenr)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That Fattended the deceased from
Jan 18 man	m /3
(Month) (Day) (Year)	that I lest saw hamaliva on 192
7 AGE If LESS than	and thet death occurred on the dete stated above, et
55 I dayhrs.	The CAUSE OF DEATH & was es follows:
8 OCCUPATION de, lor min. ?	Cerebral apples.
(a) Trade, profession or particular kind of work. Tasu habares	of for
(b) General nature of industry	, , , , , , , , , , , , , , , , , , ,
business, or establishment in which employed or (employer)	(Duration) yes mos ds.
9 BIRTHPLACE (State or country) Md.	Contributory Secondary  (Duretion 4 yes mos de
10 NAME OF FATHER	(Spened) William of Woons M.D.
to him washington	Mary 1. E. a.
11 BIRTHPLACE OF FATHER (State or Country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from
(State or country)  12 MAIDEN NAME	Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Snieldal or Homicidal.
of MOTHER Jame Nuknow	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	lents, or Recent Residents)  At place ln the of death yrs mos da. State, yrs mos da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) May washington	Former or usual residence
(11101111)	19 PLACE OF BURIAL OR REMOVAL   DATE OF BURIAL
(Address) May ville	Proposite md nov 15- 112
15 Perc 15 - P Eng Africal	20 UNDERTAKER ADDRESS
Filed MY 1922 U. Wast Smith	Rital: Break Pto: md
If more blanks are needed, address State Registrar	16 W Saratoga St., Balto, Regnesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing death, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc. worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Trocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) Civil engineer, Stationary firemen, etc. cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health at home, who are engaged in the duties of the Statement of Occupation Precise statement of oc or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation The material But in many

Statement of Cause of Death—Name, first, the DISTEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation of the same disease. Examples: "Dipleting the same accepted to time and causation of the same acceptance of "Croup"); using the same acceptance of the

Nomenclature of the American Medical Association.) ment of cause of death approved by head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was underdiseases resulting from childbirth or misearriage as rhage." "Inaultion." "Marasmus," "Old Age," "Shock," taken. can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes." etc., when a definite disease "Dropsy." "Exhaustlen," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," conditions, such a ary). 10 ds. Never report mere symptoms or terminal "Puerperal septicaemic." "Puerperal peritonitis," etc. vulsions." causing death). 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ...... (name origin; "Cancer" is less definite; avoid nyes, perilonacum, etc., Curcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need not be FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Scnile," etc.), Accidental drowning; Struck by railway Chronic valvular heart "Asthenia." (Recommendations on state-"Anaemia" Committee on "Coma," "Condiscase; (merely (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the terrificate is permanently filed.

N B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY. WITH UNFADING INK-THIS IS FOR RESERVED Z **∀** Σ

V. S. No. 1.

	PLACE OF DEATH	STATE OF MARY			
	1. 4 years 12104 -	CERTIFICATE OF	DEATH		
County	100	Safe   Pagistration Dist	No		
	a.	negistration Dist. (			
	no Mollingham (No.	St;Ward)	[ If death occurred in a hospital or institution,		
Village	OF CITYKING MANAGEMENT OF THE PROPERTY OF THE		give its NAME Instead		
	Vulla Wil		of street and number.]		
	<sup>2</sup> FULL NAME		DEATH		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH		
3 SEX	4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH	7 ,1982		
1	widowed or pivoraced windle	(Month)	/(Day) (Year)		
En	iaco ici o ci o ci o ci o ci o ci o ci o	17   HEREBY CERTIFY, That I atten			
6 DAT	E OF BIRTH	, 191, to	, 191,		
	(Month) (Day) (Year)	that I last saw halive on	, 19t,		
7 AGE	If LESS than	and that death occurred on the date state	d above, at m.		
	1 day,nrs.	The CAUSE OF DEATH * was as follows:			
	yrs	21			
8 00	CUPATION Trade, profession, or  M. M	unknown declase			
pari	ticular kind of work	avtormallinaam			
	General natore of Industry Iness, or establishment in	(Burelion)	yrs mos ds.		
Whi	ch employed (or employer)	Contributory			
BIRTHPLACE (State or country)		Secondary			
	UT INC	(Duration)	yrs mos ds.		
	10 NAME OF FATHER DISTRICT A DISTRICT AND A DISTRIC	(Signad) Mest W. Darries	N to		
u	Theory acts of	10V 8 1887 (Address) 1	vom, ona		
Z	11 BIRTHPLACE OF FATHER (State or country)	*State the DISUASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY: and (2)	deaths from VIOLENT whether ACCIDENTAL.		
PARENTS	12 MAIDEN NAME TO OF OF	SUICIDAL OF HOMICIDAL.	-		
Ad	of MOTHER Darbary Fleet	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INT.	STITUTIONS, IRANGIENTS,		
	13 BIRTHPLACE OF MOTHER	At place in the	yrs mos ds.		
	(State or country)	Whera was disease contracted,			
14 TI	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not of place of death?			
	(leforment) David Wills	- usual residence			
	mattingliam mid	19 PLACE OF BURIAL OR MEMOVAL	DATE OF BURIAL		
	(Address) Journa navv. orta	Brooks Church	100 8 1972		
15	more as Example of other and	20 UNDERTAKER	ADDRESS		
FII	ed 1932 20 NOCO TO CONTRACT	Robert Fleet not	inghamond		
-		16 W. Saratoga St., Balto., Requesting V. S. No. 1.			
6.1	Il Willia arteres are desarrer arretone names		If more blanks are needed, address State Registrar, 15 w. Dalatoga Du.		

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill, (a) Salesman, (b) Gracery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Former or Planter, Physiwrite None. business, that fact may be indicated thus: Former freised state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant. Cook taken to report specifically employed, as At school or wife, Housework, or At Home, and children, not gainfully —Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers engineer, Statement of Occupation-Precise statement of occupamany occupations a single word or term on the very important, so that the relative healthfulvarious pursuits can be known. The question For persons who have no occupation whatever, Stationary fireman, etc. But in many cases, The material worked on may form part Women at home, who are engaged in Never return "Laborer," At home. Care should be the occupations of persons If retired from (b) Autoof age.

Statement of Cause of Death—Name, first, the Dispass causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia. Bronchopneumonia ("Pneumonia," nenumonia, indefinite); Tuberculosis of lungs, menumonia.

ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ctc., mus, symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Colcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of cause. chopneumonia (secondary), 10 ds. rent) affection need not be stated unless nephritis, etc. on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetorus) may be stated head-homicide; Poisoned by carbolic to determine definitely. Examples: Accidental drawning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deates "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septichaemia," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," lapse," "Coma," Example: Measles (disease causing death), 29 ds.; Bron-" "Old Age," "Shock," "Uraemia," "Weakness," when a definite disease can be ascertained as the by railway train-accident; Revolver wound Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercuretc.), "Dropsy," Never report mere (Recommendations acid-probably "Exhaustion," important.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.

1 PLACE OF DEATH	STATE OF MARYLAND
County Pr. Geor. 12195	CERTIFICATE OF DEATH
0	188-a Registration Dist. No. 243
Village or City Stringfield (No. 2 FULL NAME William Emme	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Married	16 DATE OF DEATH November 27th, 1922 (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	, 191 , 191 , 191
/4 Jul /47, 1890	that I last saw h alive on 191
<sup>7</sup> AGE If LESS than	and that death occurred on the date stated above, at
3 2 yrs 7 mos. /3 ds. OR min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	Accidental death by being
particular kind of work wash Watelman	struck by Venna RR Jettin
(b) General nature of industry	14 mile sofuth of string find sta
business, or establishment in which employed (or employer)	(Guration) yrs mos ds
9 BIRTHPLACE (State or County)	Secondary Secondary
10 NAME OF	(Duration) yrs moa de
FATHER Wiser	(Signad) 1922 Acting Coroner.
11 BIRTHPLACE OF FATHER OF STATE OF STA	(Address) (Love md
(State or mile) Virginia.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
d OF MOTHER Allis on	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or annex)  Varanna	OR RECENT RESIDENTS) At place In the
	of death yrs. mos. ds. Stats, yra. /mos. ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) ames S- Wilson	uspai residence
(Address) Seabrook. Ind.	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
16 20 10	Marshal V. a 410030.102.2
Filed NoV 29, 1912 r Cleon a Lyon ma	M + Lading Down Bowie Med

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. write None. business, that fact may be indicated thus: Farmer (relired or given up on account of the disease causing death, Housemaid, etc. engaged in domestic service for wages, as Servont, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foremon, (b) Autoonly when needed. As examples: (o) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-Compositor, Architect, Locomount in many cases, For persons who have no occupation whatever, The material worked on may form part statement. Never return "Laborer," If the occupation has been changed etc., without more If retired from

unqualified, is indefinite); Tuberculosis of lungs, menin-Typhoid fever (never report "Typhoid pneumonia") spinal meningitis"); Diphtheria (avoid use of "Croup"); term for the same disease. time and causation), CAUSING DEATH (the primary affection with respect to Lobar Statement of Cause of Death-Name, first, the DISPASE (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia, using always the same accepted Examples: Cerebrospinal

> under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uruemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion." "Heart failure," "H-emorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvulor heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of . . . . . . on statement of cause of death approved by Committee heod-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of Nomenclature of the American Medical Association.) or miscarriage as "Puerperal septichuemia," by railway The nature of the injury, as fracture of skull The contributory (secondary or intercurtrain-accident; Revolver State cause for which Never report mere *uound*

this certificate is looked over thoroughly and all quesanswered in detail, it will prevent further correspond-All the data is essential and must be obtained before

dertificate is permanently filed.

V. S. No.

PLACE OF DEATH  Place Ser 19101	STATE OF MARYLAND CERTIFICATE OF DEATH
County County 151.50	159-6 Registration Dist. No.23 7
Village or City Agnased (No. ,	St.; Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended the decensed from Aury (1924)
7 AGE (Month) (Day) , 1922 (Year)	that I last saw here alive on More H 1, 192 and that death occurred on the date stated above, at 36m.
If LESS than I dayhrs.  s occupation    dayhrs. ds. ormin. ?	The CAUSE OF DEATH & was as follows:
(a) Trade, profession or particular kind of work.  (b) General nature of industry business, or establishment in	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Puration) , , , , , , , , , , , , de,
10 NAME OF FATHER ASSLUTE SURFFLICTS  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF OF MOTHER	(Signed) M.D.  "State the Disease Causing Beath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	ents, or Recent Residents)  At place in the of death yrsmosda. State,yrsmosda.  Where was disease contracted,
(Address) Alle To THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed MW 7th, 192 Mrs Hung B. Conte	20 UNDERTAKER ADDRESS  Clynates
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

THE PROPERTY OF THE PARTY OF TH

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Screant, Cook, ployed, as At school or At home. Care should be taken er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it whatever, write None. tired & yrs.). business, that fact may be indicated thus: Farmer (re state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, laborer, Farm laborer, Laborerworked on may form part of the second statement (a) Foremen, (b) Automobile factory. should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applied to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on who are engaged in the duties of the For persons who have no occupation -Coal mine, etc. Wom-As examples: (a) The material

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

ary), 10 ds. Never report mere symptoms or inges, peritonacum, etc., Carcinoma, Sarcomu, etc., of ........ (name origin; "Cancer" is less definite; avoid Nomenclature of the American Medical Association.) ment-of cause of death approved by Committee on head of "contributory." (R commendations on statequences ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Strucks by railway as probably such, if impossible to determine definitely: and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Uraemia," "Weaknes:," etc., when a definite disease rhage," "Inauition." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhausticn," "Heart failure," "Haemorvulsions," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia", (merely causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valoular heart disease; use of "Tumor" for malignant neoplasms); Meastes; unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbolic acid-probably suicide: (secondary or intercurrent) affection need not be FOR VIOLENT DEATHS State MARANS OF INJURY (c. g., scpsis, tetanus) may be stated under the "Debility" ("Congenital," "Senlie," etc.), Example: Measics (disease The naterminal (second-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence.

All the data is essential and must be obtained before the certificate is permanently filed.